

<i>SERFF Tracking Number:</i>	<i>FRCS-127614688</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeShield National Insurance Co</i>	<i>State Tracking Number:</i>	<i>49753</i>
<i>Company Tracking Number:</i>	<i>5576</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Expense Policy LN-5350</i>		
<i>Project Name/Number:</i>	<i>LifeShield/62/62</i>		

Filing at a Glance

Company: LifeShield National Insurance Co

Product Name: Accident Expense Policy – LN- 5350
 SERFF Tr Num: FRCS-127614688 State: Arkansas

TOI: H02I Individual Health - Accident Only
 SERFF Status: Closed-Approved- Closed State Tr Num: 49753

Sub-TOI: H02I.000 Health - Accident Only
 Co Tr Num: 5576 State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Author: Kevin Wiggs
 Date Submitted: 09/09/2011
 Disposition Date: 10/14/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LifeShield/62

Project Number: 62

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not yet filed in domicile state (OK).

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/14/2011

State Status Changed: 10/14/2011

Deemer Date:

Created By: Kevin Wiggs

Submitted By: Sean Cox

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by LifeShield National Insurance Co to file the enclosed forms for approval in your state.

Our fee of \$550 has been sent by EFT on this same date.

The Company offers their assurance that the Guaranty Association notice required by Regulation 49 will be provided.

The enclosed policy provides a benefit for treatment by a physician in an emergency room or physician's office for an injury due to an accident up to a policy maximum. The maximum benefit options are \$1,000, \$2,000, \$5,000 and

SERFF Tracking Number: FRCS-127614688 State: Arkansas
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TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accident Expense Policy LN-5350
Project Name/Number: LifeShield/62/62

\$10,000. The policy covers a primary insured and, if elected, the primary insured's dependents.

In addition, the following optional riders are available:

1. Accidental Death and Dismemberment Rider: This provides an accidental death and dismemberment benefit if a Covered Person suffers loss of life, sight or limb(s) due to injuries received in a covered accident.
2. Cancer Rider: This rider pays a one-time lump sum benefit for cancer as defined in the rider.
3. Critical Illness Rider: This rider pays a one-time lump sum benefit for heart attack and stroke, cancer, multiple sclerosis, muscular dystrophy, renal failure or major organ transplant.
4. Hospital Admission Rider: This rider pays a one-time lump sum benefit for hospital admission.
5. Hospital Daily Room Benefit Rider: This rider pays a daily benefit for hospital confinement up to 60 days.
6. Heart Attack and Stroke Rider: This rider pays a one-time lump sum benefit for heart attack or stroke as defined in the rider. A 25% benefit is available for a first major heart surgery and 10% for a first time angioplasty.
7. Outpatient Services Rider: This rider pays for the first outpatient surgery once per year. Unit amounts equal \$50. For this rider, premium rates do not vary by issue age or sex.

The enclosed application will be used to apply for this policy and riders. The enclosed outline of coverage will be provided as required by law.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist
1020 Central
Suite 201
Kansas City, MO 64105

kevin.wiggs@firstconsulting.com
800-927-2730 [Phone] 2736 [Ext]
816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

LifeShield National Insurance Co	CoCode: 99724	State of Domicile: Oklahoma
629 NW Boulevard	Group Code: 2858	Company Type:
Suite A	Group Name: Homeshield Capital	State ID Number:
	Group	
Oklahoma City, OK 73118	FEIN Number: 73-1155182	

SERFF Tracking Number: FRCS-127614688 State: Arkansas
Filing Company: LifeShield National Insurance Co State Tracking Number: 49753
Company Tracking Number: 5576
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accident Expense Policy LN-5350
Project Name/Number: LifeShield/62/62
(405) 236-2640 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$550.00
Retaliatory? No
Fee Explanation: AR fee of \$50 per form and rate (11) = \$550
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
LifeShield National Insurance Co	\$550.00	09/09/2011	51444680

SERFF Tracking Number:	FRCS-127614688	State:	Arkansas
Filing Company:	LifeShield National Insurance Co	State Tracking Number:	49753
Company Tracking Number:	5576		
TOI:	H02I Individual Health - Accident Only	Sub-TOI:	H02I.000 Health - Accident Only
Product Name:	Accident Expense Policy LN-5350		
Project Name/Number:	LifeShield/62/62		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2011	10/14/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/27/2011	09/27/2011	Lynn Cravin	10/06/2011	10/06/2011

SERFF Tracking Number:	FRCS-127614688	State:	Arkansas
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Product Name:	Accident Expense Policy LN-5350		
Project Name/Number:	LifeShield/62/62		

Disposition

Disposition Date: 10/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
LifeShield National Insurance Co	%	%	\$		\$	%	%

SERFF Tracking Number: FRCS-127614688 State: Arkansas

Filing Company: LifeShield National Insurance Co State Tracking Number: 49753

Company Tracking Number: 5576

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Accident Expense Policy LN-5350

Project Name/Number: LifeShield/62/62

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form (revised)	Accidental Expense Insurance Policy	Approved-Closed	Yes
Form	Accidental Expense Insurance Policy	Replaced	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application for Accidental Expense Insurance Policy	Approved-Closed	Yes
Form	Accidental Death & Dismemberment Benefit Rider	Approved-Closed	Yes
Form	Cancer First Occurrence Benefit Rider	Approved-Closed	Yes
Form	Critical Illness First Occurrence Benefit Rider	Approved-Closed	Yes
Form	Hospital Admission Rider	Approved-Closed	Yes
Form	Hospital Daily Room Benefit Rider	Approved-Closed	Yes
Form	Heart Attack & Stroke First Occurrence Benefit Rider	Approved-Closed	Yes
Form	Outpatient Surgery Rider	Approved-Closed	Yes
Rate	Rates and Actuarial	Approved-Closed	Yes

SERFF Tracking Number: *FRCS-127614688* *State:* *Arkansas*
Filing Company: *LifeShield National Insurance Co* *State Tracking Number:* *49753*
Company Tracking Number: *5576*
TOI: *H02I Individual Health - Accident Only* *Sub-TOI:* *H02I.000 Health - Accident Only*
Product Name: *Accident Expense Policy LN-5350*
Project Name/Number: *LifeShield/62/62*

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/27/2011

Submitted Date 09/27/2011

Respond By Date

Dear Kevin Wiggs,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accidental Expense Insurance Policy, LN-5350-AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

<i>SERFF Tracking Number:</i>	<i>FRCS-127614688</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Accident Expense Policy LN-5350</i>		
<i>Project Name/Number:</i>	<i>LifeShield/62/62</i>		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/06/2011
Submitted Date	10/06/2011

Dear Rosalind Minor,

Comments:

In response to your objection letter dated 9-27-11, on behalf of LifeShield National Insurance Company, we offer the following for your consideration.

Response 1

Comments: The following sentence has been added to the Adjustment of Premium provision: "We will refund a pro rata portion of any unearned premium paid for a Covered Person past the date of the Covered Person's death upon notice to Us."

Related Objection 1

Applies To:

- Accidental Expense Insurance Policy, LN-5350-AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Expense Insurance Policy	LN-5350-AR		Policy/Contract/Fraternal Certificate	Initial		62.700	LN-5350-AR Policy.pdf

SERFF Tracking Number: FRCS-127614688 State: Arkansas
Filing Company: LifeShield National Insurance Co State Tracking Number: 49753
Company Tracking Number: 5576
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Accident Expense Policy LN-5350
Project Name/Number: LifeShield/62/62

Previous Version

Accidental Expense	LN-5350-	Policy/Contract/Fraternal	Initial	62.700	LN-5350-
Insurance Policy	AR	Certificate			AR
					Policy.pdf

No Rate/Rule Schedule items changed.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,
Kevin Wiggs

SERFF Tracking Number: FRCS-127614688 State: Arkansas
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 Product Name: Accident Expense Policy LN-5350
 Project Name/Number: LifeShield/62/62

Form Schedule

Lead Form Number: LN-5350-AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/14/2011	LN-5350-AR	Policy/Cont Accidental Expense ract/Fratern Insurance Policy al Certificate	Initial		62.700	LN-5350-AR Policy.pdf
Approved-Closed 10/14/2011	LN-5351-AR	Outline of Coverage Coverage	Initial		57.000	LN-5351-AR Outline of Coverage.pdf
Approved-Closed 10/14/2011	LN-5352	Application/ Application for Enrollment Accidental Expense Form Insurance Policy	Initial		53.500	LN-5352 Application.pdf
Approved-Closed 10/14/2011	LN-5353	Policy/Cont Accidental Death & ract/Fratern Dismemberment al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		63.500	LN-5353 AD&D Rider.pdf
Approved-Closed 10/14/2011	LN-5354	Policy/Cont Cancer First ract/Fratern Occurrence Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.400	LN-5354 Cancer Rider.pdf
Approved-Closed 10/14/2011	LN-5355	Policy/Cont Critical Illness First ract/Fratern Occurrence Benefit al Rider	Initial		54.200	LN-5355 CI Rider.pdf

Approval Status	Policy Number	Policy Description	Initials	Amount	Document Name
Approved-Closed 10/14/2011	LN-5356-AR	Policy/Cont Hospital Admission Certificate: Amendment, Insert Page, Endorsement or Rider Contract/Fraternal	Initial	62.700	LN-5356-AR Hosp Admin Rider.pdf
Approved-Closed 10/14/2011	LN-5357-AR	Policy/Cont Hospital Daily Room Certificate: Amendment, Insert Page, Endorsement or Rider Contract/Fraternal Benefit	Initial	62.100	LN-5357-AR Hosp Daily Rider.pdf
Approved-Closed 10/14/2011	LN-5358	Policy/Cont Heart Attack & Certificate: Amendment, Insert Page, Endorsement or Rider Contract/Fraternal Stroke First Occurrence Benefit Rider	Initial	61.900	LN-5358 Heart Attack Rider.pdf
Approved-Closed 10/14/2011	LN-5360	Policy/Cont Outpatient Surgery Certificate: Amendment, Insert Page, Endorsement or Rider Contract/Fraternal	Initial	55.300	LN-5360 Outpatient Surgery Rider.pdf

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<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Expense Policy LN-5350</i>		
<i>Project Name/Number:</i>	<i>LifeShield/62/62</i>		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]

Toll Free: [1-800-366-8354]

ACCIDENTAL EXPENSE INSURANCE POLICY

THIS IS A LIMITED POLICY - READ IT CAREFULLY

THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS DUE TO SICKNESS.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from the Company.

GUARANTEED RENEWABLE

You have the right to continue this policy in force if You pay the correct premium when due or within the grace period. At no time while You continue this policy in force may We place any restrictive riders on it.

PREMIUM RATES SUBJECT TO CHANGE BY CLASS

We may change the premium rates for this policy only if We also change the rates for all other policies issued in the same class. No change in premiums will be made because of the number of claims You file nor because of a change in Your health.

NOTICE OF THIRTY DAY (30) RIGHT TO EXAMINE POLICY

We want You to fully understand and be satisfied with Your policy. If for any reason You are not satisfied, return it to Our Administrative Office within thirty (30) days after receiving it. If You do, the policy will be void from the beginning. We will refund Your premium.

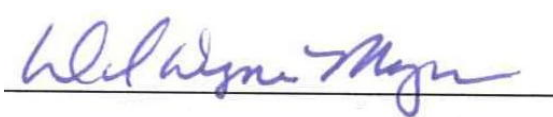
IMPORTANT NOTICE - PLEASE READ

A copy of Your application is attached to this policy. The application is part of the policy. The policy was issued on the basis that the answers to all questions and information shown on Your application are correct and complete to the best of Your knowledge and belief. Carefully check the application and write to Us within 10 days of the date You receive the policy if any information on the application is not correct or complete. Materially incorrect or incomplete information may result in the denial of a claim or termination of the policy. No sales representative may change this policy or waive any of its provisions.

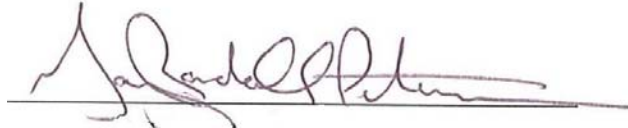
IN WITNESS THEREOF, We have caused this policy to be signed by Our President and Our Secretary. This policy takes effect at 12:01 a.m. at Your residence on the Effective Date. This policy terminates at 12:01 a.m. on the date any renewal premium is due and not paid, subject to the Grace Period.

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL [1-800-366-8354]

If you need information about your insurance, or should any dispute arise about your premium or about a claim that you have filed, call LifeShield National Insurance Company at the toll-free number listed above or contact the Arkansas Insurance Department, 1200 West Third Street, Little Rock, AR 72201 or toll-free at 1-800-282-9134.



Secretary



President

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.
PLEASE READ YOUR POLICY CAREFULLY.**

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LifeShield National Insurance Co[®]
[815 West Ash Ave., Duncan, OK 73533]
Toll Free: [1-800-366-8354]

INSURANCE INFORMATION SCHEDULE

Coverage under this policy is provided for the following persons in addition to the Insured named below:

[John L. Doe]
[SPOUSE]

APPLICANT
[CHILD(REN)]

APPLICANT'S COVERAGES

MAXIMUM BENEFIT AMOUNT

Accidental Expense Benefit	[\$ xxx] / Calendar Year
Annual Deductible - [\$ 0] / Calendar Year	
[Hospital Admission	[\$ xxx] / Calendar Year]
[Hospital Daily Room Benefit	[\$ xxx] / Day]
[Elimination Period - [0] Days]	
[Maximum Benefit Period - [30] days]	
[Outpatient Surgery]	[\$ xxx / Calendar Year]
[Cancer First Occurrence Benefit	[\$ xxx]]
[Waiting Period - 60 Days]	
[Heart Attack & Stroke First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Critical Illness First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Accidental Death & Dismemberment Benefit]	
[Loss of life	[\$1,000]]
[Loss of both hands or both feet, sight of both eyes	
or one hand & one foot	[\$500]]
[Loss of one hand or one foot or sight of one eye	[\$250]]

[SPOUSE'S COVERAGES

MAXIMUM BENEFIT AMOUNT]

Accidental Expense Benefit	[\$ xxx] / Calendar Year
Annual Deductible - [\$ 0] / Calendar Year	
[Hospital Admission	[\$ xxx] / Calendar Year]
[Hospital Daily Room Benefit	[\$ xxx] / Day]
[Elimination Period - [0] Days]	
[Maximum Benefit Period - [30] days]	
[Outpatient Surgery]	[\$ xxx / Calendar Year]
[Cancer First Occurrence Benefit	[\$ xxx]]
[Waiting Period - 60 Days]	
[Heart Attack & Stroke First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Critical Illness First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Accidental Death & Dismemberment Benefit]	
[Loss of life	[\$1,000]]
[Loss of both hands or both feet, sight of both eyes	
or one hand & one foot	[\$500]]
[Loss of one hand or one foot or sight of one eye	[\$250]]

[CHILD(REN)]'S COVERAGES

MAXIMUM BENEFIT AMOUNT]

Accidental Expense Benefit	[\$ xxx] / Calendar Year
Annual Deductible - [\$ 0] / Calendar Year	
[Hospital Admission	[\$ xxx] / Calendar Year]
[Hospital Daily Room Benefit	[\$ xxx] / Day]
[Elimination Period - [0] Days]	
[Maximum Benefit Period - [30] days]	
[Outpatient Surgery]	[\$ xxx / Calendar Year]
[Cancer First Occurrence Benefit	[\$ xxx]]
[Waiting Period - 60 Days]	
[Heart Attack & Stroke First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]]
[Initial Coronary Angioplasty	[\$ xxx]]
[Waiting Period - 60 Days]	
[Critical Illness First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]]
[Initial Coronary Angioplasty	[\$ xxx]]
[Waiting Period - 60 Days]	
[Accidental Death & Dismemberment Benefit]	
[Loss of life	[\$1,000]]
[Loss of both hands or both feet, sight of both eyes	
or one hand & one foot	[\$500]]
[Loss of one hand or one foot or sight of one eye	[\$250]]

ANNUAL PREMIUM

Accidental Expense Policy	[\$ xxx]
[Hospital Admission Rider	[\$ xxx]]
[Hospital Daily Room Benefit Rider	[\$ xxx]]
[Outpatient Surgery Rider	[\$ xxx]]
[Critical Illness First Occurrence Benefit Rider	[\$ xxx]]
[Heart Attack & Stroke First Occurrence Benefit Rider	[\$ xxx]]
[Cancer First Occurrence Benefit Rider	[\$ xxx]]
[Accidental Death & Dismemberment Benefit Rider	[\$ xxx]]

Total Annual Premium [\$ xxx]

MODAL PREMIUM

PAYMENT MODE:	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
PAYMENT:	[\$ xxx]	[\$ xxx]	[\$ xxx]	[\$ xx]
MODE SELECTED:	[Annual]			
INSURED:	[John Doe]		POLICY NUMBER:	[012345]
ISSUE AGE	[35]		EFFECTIVE DATE:	[6/01/2005]
SEX	[MALE]		ISSUE STATE:	[OHIO]

DEFINITIONS

These are key words used in this policy. They are used to describe Your rights and Ours. As You read Your policy refer to these definitions.

Age means age last birthday.

Covered Accident means an accident which:

1. occurs after the Effective Date of this policy;
2. occurs while this policy is in force, and
3. is not excluded by specific description in this policy.

Covered Expenses means expenses for Physician, Hospital, diagnostic x-ray or lab tests required for the treatment of a covered Accident. Prescription drugs are not covered expenses.

Covered Person means You and Your Insured Dependents, if any, that have been accepted for coverage.

Deductible means the amount of Covered Expenses each Covered Person must pay each calendar year before We pay Accident Expense Benefits.

Dependent means any of the following persons:

1. Your lawful spouse; and
2. any unmarried child, stepchild or legally adopted child of Yours who is living with you, dependent upon you for financial support, and who has not attained the age of nineteen (19) (twenty-three (23) if a full time student at an accredited school of higher learning), and is:
 - a. under nineteen (19) years of age on the date of application; or
 - b. born after the date of application and You are listed as a parent on the child's birth certificate; or
 - c. legally adopted by You or who becomes Your stepchild before that child's nineteenth (19th) birthday.

If You become a legal guardian of a child for whom a petition for adoption is pending, that child will be deemed to be "adopted". Also, if You become a legal guardian of a foster child, that child will be treated as an adopted child so long as:

1. You continue as the child's legal guardian;
2. the child is living with You and is dependent upon You for support; and
3. all other requirements of the policy are met.

Effective Date means the date on which a Covered Person's insurance begins. The Effective Date of your coverage is shown on the Insurance Information Schedule.

Evidence of Insurability means correct and complete answers to the questions in the application and any necessary medical history that are used by Us to base Our acceptance of a person for coverage.

Hospital means an institution that:

1. operates as a Hospital pursuant to law;
2. operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
3. provides 24-hour nursing service by Registered Nurses on duty or on call;
4. has a staff of one or more Physicians available at all times;
5. provides organized facilities for diagnosis, treatment and surgery, either;
 - a. on its premises; or
 - b. in facilities available to it on a pre-arranged basis.

Hospital does NOT include the following;

1. convalescent homes or convalescent, rest or nursing facilities;
2. facilities primarily affording custodial, educational or rehabilitative care; or
3. facilities for the aged, drug addicts or alcoholics.

Immediate Family Member means You and Your spouse or the parent, child, brother or sister of You or Your spouse.

Injury means bodily injury sustained by a Covered Person in a Covered Accident which:

1. is directly caused by an accident, independent of all other causes; and
2. occurs while the policy is in force for the Covered Person.

Insured is the person so named in the Insurance Information Schedule.

Physician means a practitioner of the healing arts practicing within the scope of his or her license. Physician may not include an Immediate Family Member.

Policy Anniversary means the same day and month as the Effective Date shown in the Insurance Information Schedule for each year this policy remains in force.

Written Request means a written request in a form satisfactory to Us signed by You and received at Our Administrative Office in [Duncan, Oklahoma].

“We”, “Us”, or “Our” refer to LifeShield National Insurance Co.

“You” or “Your” refer to the Insured to whom this policy has been issued.

ACCIDENT EXPENSE BENEFIT

If a Covered Person sustains an Injury in a Covered Accident that requires care by a Physician, We will pay the covered expenses incurred not to exceed the Maximum Accident Expense Benefit Amount after the applicable Deductible, if any. Treatment must be rendered in either a Hospital emergency room or in a Physician's office. Care for an Injury received in a Covered Accident must be received within ninety (90) days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit Amount after the applicable Deductible, if any, per calendar year per Covered Person regardless of the number of incidents of care received or the number of different injuries received in the calendar year.

We will not pay the Accident Expense Benefit for any Injury as a result of a Covered Person having any Sickness or declining process caused by a Sickness, including physical or mental infirmity. We also will not pay this benefit to diagnose or treat any Sickness.

EXCLUSIONS AND LIMITATIONS

We will not cover benefits for an injury that is caused or occurs as a result of:

1. War or act of war, whether declared or undeclared;
2. Injuries that are intentionally self-inflicted;
3. Treatment for which no charges are made by the provider of same;
4. An Injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
5. A Covered Person's being intoxicated, as determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred, or under the influence of any narcotic unless administered under the advice of a Physician;
6. Treatment of alcoholism or drug addiction;
7. Any Injury or Sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
8. Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
9. Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
10. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
12. Committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).
13. Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any disease or disorder that is not caused by an Injury.
14. Being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and Virgin Islands.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

At The Time The Policy Is Issued

Before coverage becomes effective: (1) You must apply; (2) We must approve Your application; and (3) You must pay the required premium. If no premium is required when You apply, You have 30 days from the Policy Effective Date to pay the first premium. If You fail to do so, Your policy will be void from the beginning.

You and each of Your eligible Dependents must be acceptable to Us based on Our underwriting rules in effect at the time of application in order to become a Covered Person. The Effective Date of insurance for each such person will be the Policy Effective Date.

After The Policy Has Been Issued

Eligible Dependents not covered under the policy when the policy was issued may be added later. You must complete a new application for each such Dependent. The Effective Date of insurance for the added Covered Person will be the later of the date on which We approve the application or the date on which we receive any additional premium required. Approval will be based on Our underwriting rules in effect at time of application.

Coverage of Newborn or Adopted Child

A Dependent child born to You while this coverage is in force is covered from the moment of birth, including conditions due to congenital malformation. A notice of birth together with the additional premium must be submitted to Us. This must be done within 90 days after the date of birth.

A child adopted on or after Your Effective Date will be covered from the date of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition for adoption. However, the coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the child. Coverage for an adopted child shall terminate upon the dismissal or denial of a petition for adoption.

TERMINATION OF COVERAGE

Termination of Your Coverage

Your insurance will end:

1. if You fail to pay the required premium within its grace period; or
2. On your written request.

Termination of a Dependent's Insurance

Insurance on Your insured Dependents will end on the first of the following events:

1. the date Your coverage ends;
2. when the required premium for the Dependent has not been paid; or
3. when he or she no longer meets the tests set out in the definition of Dependent, except as set out in the next paragraph.

Insurance on a Covered Person who reaches the limiting age for a Dependent child will not end if the child:

1. is not then able to engage in self-sustaining employment by reason of mental retardation or physical handicap; and
2. is dependent upon You for financial support and maintenance.

The child will continue as a Covered Person so long as he or she continues to meet these tests and You continue to be insured. The child will be deemed to have ceased to qualify as a Covered Person if:

1. We ask You for proof of his or her current status; and
2. You fail to give Us proof after the date of our request.

We may ask You to give Us proof of the child's status as often as We deem reasonably necessary. We will not ask You to give Us proof more frequently than once a year after the child's coverage has been extended for two (2) years beyond the limiting age.

You will be liable for payment of the premium required to continue coverage of a mentally retarded or physically handicapped Dependent child whose coverage extends beyond the limiting age.

Extension of Coverage If You Die

If You die, Your spouse will replace You as the Insured if he or she is a Covered Person at that time. Otherwise, coverage will end for all Covered Persons upon Your death. A child may convert his or her coverage as set forth in the Conversion Privileges.

Adjustment of Premium

If coverage ends for You or one of Your insured Dependents, premiums will be adjusted accordingly.

If We accept a premium for a period of time after coverage is to cease, then coverage will continue to the end of the period for which premiums have been paid. We will refund a pro rata portion of any unearned premium paid for a Covered Person past the date of the Covered Person's death upon notice to Us.

Pending Claims

If coverage ends for any or all Covered Persons, it will not affect any pending claim.

A pending claim will include only those periods of confinement that began or losses that were incurred prior to the date coverage ends.

CONVERSION PRIVILEGES

Conversion of a Divorced Spouse's Coverage

If Your spouse ceases to be a Covered Person because You become legally divorced, Your spouse may become an Insured under his or her own policy. The spouse may insure one or more of Your Dependent children under his or her own policy. Evidence of Insurability will not be required. Issue of a new policy will be subject to these rules:

1. An application and the first premium must be received by Us within sixty (60) days after the divorce has been granted.
2. The premium for the new policy will be based on the spouse's Age and Our published rates applicable on the Effective Date of the new policy.
3. The new policy will not provide benefits greater than those provided under Your policy. The converted coverage will be as provided on a substantially similar or comparable policy form then being issued by Us.
4. The Effective Date of the new policy will be the date coverage ends under Your policy.
5. A child who becomes a Covered Person under the new policy will cease to be covered under Your policy on the Effective Date of the new policy.
6. Any special provisions that apply to a Covered Person under Your policy will also apply under the new policy.

Conversion of a Child's Coverage

If a child's coverage under Your policy ends because he or she no longer meets the tests set out in the definition of Dependent, the child may become an Insured under his or her own policy. Evidence of Insurability will not be required. Issue of a new policy will be subject to these rules:

1. An application and the first premium must be received by Us within thirty-one (31) days after the child ceases to be a Covered Person.
2. The premium for the new policy will be based on the child's Age and our published rates applicable on the Effective Date of the new policy.
3. The new policy will not provide benefits greater than those provided under Your policy. The converted coverage will be as provided on a substantially similar or comparable policy form then being issued by Us.
4. The Effective Date of the new policy will be the date coverage ends under Your policy.
5. Any special provisions that apply to the child under Your policy will also apply under the new policy.

THE CONTRACT

Entire Contract

Whenever We use the word Policy, We mean the entire contract. The entire contract consists of:

1. The basic policy, including the Insurance Information Schedule;
2. The attached copy of the application; and
3. Any attached riders or endorsements.

Riders and endorsements add provisions or change the terms of the basic policy.

Any change to this policy must be attached in writing and signed by one of Our executive officers. No agent or anyone else can change this policy or waive any of its provisions.

Time Limit on Certain Defenses

After two (2) years from the Effective Date of coverage, no misstatements, except for fraudulent misstatements, made by You in the application for coverage will be used to void the policy or to deny a claim for loss commencing after the end of this two (2) year period.

No claim for loss that begins after two (2) years from the Effective Date of coverage will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of coverage under this policy.

Conformity With State Laws

Any part of this policy in conflict with any law of the state where You live on the policy's Effective Date is amended to conform to that law.

Nonparticipation

This policy is nonparticipating. Its premiums do not include a charge for participation in Our surplus.

PREMIUMS

Premiums To Be Charged

The premiums to be charged for insurance under this policy will be based on Our rates in effect on the premium due date for policies issued on this form.

Premium Payments

Each premium is payable to Us at Our Administrative Office in Duncan, Oklahoma on or before its due date. The due date is the first day following the end of the period for which the preceding premium was paid. You may change the modal premium period for this policy to one of the other modal premium periods shown on the Insurance Information Schedule by Written Request to Us.

Grace Period

This policy has a thirty-one (31) day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following grace period. During the grace period, the policy will stay in force.

Reinstatement

If You do not pay a premium by the end of its grace period all insurance under this policy will lapse. The policy may be reinstated. We may require an application to reinstate Your policy. You must also pay the required premium to Us.

1. If an application is not required by Us, Your insurance will be reinstated when the premium is accepted.
2. If We require an application for reinstatement, a receipt will be issued to You for the premium. Your policy will be reinstated when the application is approved by Us. If the application is disapproved by Us, Your policy will not be reinstated. If the application is neither disapproved in writing nor approved, Your policy will be deemed reinstated forty-five (45) days after the date of the premium receipt.

Premiums accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than sixty (60) days before the date of reinstatement.

The reinstated insurance will only cover loss due to an Injury received in a Covered Accident that occurs after the date the policy was reinstated. If We require any change in Your policy in connection with reinstatement, such change will be sent to You to attach to the policy. In all other respects, You and We will be in the same position as before Your policy lapsed.

Misstatement of Age

If a Covered Person's Age has been misstated, all benefits payable under this policy will be adjusted to those that the premium paid would have purchased at the correct Age. If the correct Age is such that We would not have issued this policy or an attached rider or riders, We will be liable only for a refund of premiums paid for the coverage(s) involved.

CLAIMS

Notice Of Claim

We must receive written notice of claim at Our Administrative Office. It must be given within sixty (60) days of the date the claim commences or as soon thereafter as reasonably possible. Your notice should include Your name and the policy number.

Claim Forms

We will provide You with claim forms within fifteen (15) days after We receive Your notice of claim. If We do not provide these forms within this time, a claim may be filed without using them. The claim must contain written proof of loss. It must cover the occurrence, type and extent of loss. It must be provided within the time allowed in the following provision.

Proof Of Loss

Written proof of loss must be provided to Our Administrative Office within ninety (90) days of the loss or as soon thereafter as reasonably possible. Proof provided more than one (1) year late will not be accepted, unless You had no legal capacity in that year.

Time Of Payment of Claims

Benefits payable will be paid as soon as We receive proper proof of loss, including any records that may be required in Our evaluation of a claim.

Payment Of Claims

All benefits are payable to You, unless assignment to Your physician or Hospital. Benefits unpaid at Your death will be paid to Your spouse. If You have no spouse, they will be paid to Your estate.

If benefits are payable to Your estate or to a person not legally competent to give a valid release, We may pay an amount not to exceed one thousand dollars (\$1,000.00) of these benefits to any relative by blood or marriage whom We determine is entitled to payment. Such payment will satisfy Our liability to the extent of the payment.

Assignment

You may assign benefits under this policy to Your Physician or Hospital. The assignment must be in writing and filed with us. We assume no responsibility for the validity or effect of any assignment of this policy or any interest in it.

Unpaid Premiums

We will deduct any due and unpaid premium from any claim payment under the policy.

Physical Examination

We have the right to have a physical examination performed on a Covered Person as often as is reasonably necessary while a claim is pending. Such examinations will be made at Our expense.

Right to Examine Hospital or Physician Records

We may, at Our expense, examine a Covered Person's Hospital charts and records and Physician records as often as is reasonably necessary while a claim is pending.

Legal Actions

No action at law or in equity may be brought on a claim sooner than 60 days after the date written proof of loss is given. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]

Toll Free: [1-800-366-8354]

ACCIDENTAL EXPENSE INSURANCE POLICY

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]

OUTLINE OF COVERAGE FOR ACCIDENTAL EXPENSE INSURANCE POLICY FORM SERIES LN-5350

- I. Read Your Policy Carefully.** This outline of coverage provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and the company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- II. Accident Expense Benefit** - Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.
- III. Accident Expense Benefit** — If a covered person sustains an injury in a covered accident that requires care by a physician, we will pay the covered expenses incurred not to exceed the Maximum Accident Expense Benefit Amount after the applicable deductible, if any. Treatment must be rendered in either a hospital emergency room or in a physician's office. Care for an injury received in a covered accident must be received within ninety (90) days of the covered accident. We will only pay one (1) Maximum Accident Expense Benefit Amount after the applicable deductible, if any, per calendar year per covered person regardless of the number of incidents of care received or the number of different injuries received in the calendar year. We will not pay the Accident Expense Benefit for any injury as a result of a covered person having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay this benefit to diagnose or treat any sickness.

ACCIDENT EXPENSE BENEFIT AMOUNT PER CALENDAR YEAR FOR EACH COVERED PERSON:

\$ _____

ACCIDENT EXPENSE DEDUCTIBLE AMOUNT PER CALENDAR YEAR FOR EACH COVERED PERSON: \$ _____

- IV. EXCLUSIONS** - We will not cover benefits for an injury that is caused or occurs as a result of:
- A. war or act of war, whether declared or undeclared;
 - B. injuries that are intentionally self-inflicted;
 - C. treatment for which no charges are made by the provider of same;
 - D. an injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
 - E. a covered person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred or under the influence of any narcotic unless administered under the advice of a physician;
 - F. treatment of alcoholism or drug addiction;
 - G. any injury or sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
 - H. operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
 - I. engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
 - J. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
 - K. practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
 - L. committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).
 - M. having any sickness or declining process caused by a sickness including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any disease or disorder that is not caused by an injury.
 - N. being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and the Virgin Islands.
- V. Guaranteed Renewable** - You have the right to continue the policy in force if you pay the correct premium when due or within the grace period. At no time while you continue the policy in force may we place any restrictive riders on it.

We may change the premium rates for the policy only if we also change the rates for all other policies issued in the same class. No change in the premiums will be made because of the number of claims you file nor because of a change in your health.

VI. Optional Benefit Riders - A checkmark in any of the boxes below indicate that you have selected the following optional coverage(s):

- ☐ **[OUTPATIENT SURGERY RIDER FORM LN-5360** — If a surgical operation is performed by a physician due to a sickness or a complication of pregnancy, as defined in the rider, and if a covered person incurs charges for the surgical operation, we will pay the reasonable and customary expenses incurred for the surgical operation not to exceed the calendar year Maximum Outpatient Surgery Benefit Amount. The surgical operation must be rendered in an outpatient facility. We will only pay one (1) Maximum Outpatient Surgery Benefit Amount per calendar year per covered person regardless of the number of incidents of care received or the number of different sicknesses incurred in the calendar year.

MAXIMUM OUTPATIENT SURGERY BENEFIT AMOUNT FOR EACH COVERED PERSON: \$ _____ PER YEAR

Exclusions - No benefits will be paid for:

1. routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
2. loss due to an injury;
3. treatment for which no charges are made by the provider of same;
4. cosmetic, voluntary or elective surgery;
5. an elective abortion; or
6. any sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law.

Pre-Existing Condition Limitation - No language in the rider shall be construed to cause an outpatient surgery benefit to be paid for any diagnosis resulting from a pre-existing condition regardless of when such diagnosis is made.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

- ☐ **[HOSPITAL ADMISSION RIDER FORM LN-5356** - The Hospital Admission Benefit is payable the first time a covered person is confined to a hospital in a calendar year for a period of hospital confinement. The benefit payable will be the Maximum Hospital Admission Benefit amount shown.

MAXIMUM HOSPITAL ADMISSION BENEFIT AMOUNT FOR EACH COVERED PERSON: \$ _____ PER CALENDAR YEAR

In order for this benefit to be payable, confinement must:

- A. be due to injury, sickness, or complication of pregnancy; and
- B. begin while the rider is in force for a covered person; and
- C. be for at least one (1) day (twenty-four (24) hours); and
- D. be at the direction of and under the supervision of a physician.

This benefit is not payable more than once per calendar year per covered person.

Exclusions - No benefits will be paid:

- A. for the following conditions if they are diagnosed within six months after the effective date unless confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
- B. for routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
- C. for an elective abortion;
- D. for war or act of war, whether declared or undeclared;
- E. for dental treatment unless due to injury;

- F. for injuries that are intentionally self-inflicted;
- G. for treatment for which no charges are made by the provider of same;
- H. for cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive surgery is defined as:
 - 1. surgery as the result an injury, or
 - 2. surgery to restore a normal bodily function; or
 - 3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - 4. breast reconstruction following mastectomy.
- I. for services which are primarily for rest care, convalescent care or for rehabilitation;
- J. for treatment of mental or nervous disorder without demonstrable organic disease;
- K. for an injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
- L. due to a covered person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred or under the influence of any narcotic unless administered under the advice of a physician;
- M. for treatment of alcoholism or drug addiction;
- N. for treatment in a hospital outside the United States or its possessions, except for emergency care for acute onset of sickness or accidental injury sustained while traveling for business or pleasure;
- O. for any injury or sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
- P. for operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
- Q. for engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
- R. for riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- S. for practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
- T. for committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).

Pre-Existing Condition Limitation - We do not cover Pre-Existing Conditions for the first two (2) years after coverage becomes effective.

This Pre-Existing Condition Limitation does not affect a newborn dependent child added after the policy's effective date.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

☐ **[HOSPITAL DAILY ROOM BENEFIT RIDER FORM LN-5357** - The hospital daily room benefit is payable for each day that a covered person is confined to a hospital as an inpatient after the applicable elimination period.

DAILY HOSPITAL DAILY ROOM BENEFIT AMOUNT FOR EACH COVERED PERSON: \$ _____
ELIMINATION PERIOD PER CONFINEMENT: _____ DAYS
MAXIMUM BENEFIT PERIOD PER CONFINEMENT: _____ DAYS

In order for this benefit to be payable, the hospital confinement must:

- A. be due to injury, sickness, or complication of pregnancy; and
- B. begin while the rider is in force for a covered person; and
- C. be for at least one (1) day (twenty-four (24) hours); and
- D. be at the direction of and under the supervision of a physician.

Benefit will not be payable beyond the Maximum Benefit Period for any one (1) Period of Confinement.

Exclusions - No benefits will be paid for:

- A. for the following conditions if they are diagnosed within six months after the effective date unless confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
- B. or routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;

- C. for an elective abortion;
- D. for war or act of war, whether declared or undeclared;
- E. for dental treatment unless due to injury;
- F. for injuries that are intentionally self-inflicted;
- G. for treatment for which no charges are made by the provider of same;
- H. for cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive surgery is defined as:
 - 1. surgery as the result an injury, or
 - 2. surgery to restore a normal bodily function; or
 - 3. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - 4. breast reconstruction following mastectomy.
- I. for services which are primarily for rest care, convalescent care or for rehabilitation;
- J. for treatment of mental or nervous disorder without demonstrable organic disease;
- K. for an injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
- L. due to a covered person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred or under the influence of any narcotic unless administered under the advice of a physician;
- M. for treatment of alcoholism or drug addiction;
- N. for treatment in a hospital outside the United States or its possessions, except for emergency care for acute onset of sickness or accidental injury sustained while traveling for business or pleasure;
- O. for any injury or sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
- P. for operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
- Q. for engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
- R. for riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- S. for practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
- T. for committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).

Pre-Existing Condition Limitation - We do not cover Pre-Existing Conditions for the first two (2) years after coverage becomes effective.

This Pre-Existing Condition Limitation does not affect a newborn dependent child added after the policy's effective date.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

- ☐ **[CANCER FIRST OCCURRENCE BENEFIT RIDER FORM LN-5354** - If a covered person incurs a first occurrence of Cancer, we will pay the covered person the Cancer First Occurrence Benefit, provided the first occurrence occurs after the waiting period and while the rider is in force with respect to the covered person. Each covered person is limited to the payment of one (1) such Cancer First Occurrence Benefit.

CANCER FIRST OCCURRENCE BENEFIT AMOUNT FOR EACH COVERED PERSON: \$_____

Exceptions and Limitations - The rider provides benefits only for the first occurrence of cancer. The rider does not provide benefits for any other disease, sickness or incapacity. No benefit is payable for the diagnosis of Skin Cancer, Carcinoma-in-Situ, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm).

Pre-Existing Condition Limitation - No language in the rider shall be construed to cause a Cancer First Occurrence Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

- ☐ **[HEART ATTACK & STROKE FIRST OCCURRENCE BENEFIT RIDER FORM LN-5358** - If a covered person incurs a first occurrence of a Covered Condition, we will pay the covered person the Heart Attack & Stroke First Occurrence Benefit, provided the first occurrence occurs after the waiting period and while the rider is in force with respect to the covered person. Each covered person is limited to the payment of one (1) such Heart Attack & Stroke First Occurrence Benefit.

COVERED CONDITIONS are limited to the following: Heart Attack and Stroke.

HEART ATTACK & STROKE FIRST OCCURRENCE BENEFIT AMOUNT FOR EACH COVERED PERSON:
\$_____

Exceptions and Limitations - The rider provides benefits only for the first occurrence of a covered condition. The rider does not provide benefits for any other disease, sickness or incapacity.

Pre-Existing Condition Limitation - No language in the rider shall be construed to cause a Heart Attack & Stroke First Occurrence Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

- ☐ **[CRITICAL ILLNESS FIRST OCCURRENCE BENEFIT RIDER FORM LN-5355** - If a covered person incurs a first occurrence of a Covered Condition, we will pay the covered person the Critical Illness First Occurrence Benefit, provided the first occurrence occurs after the waiting period and while the rider is in force with respect to the covered person. Each covered person is limited to the payment of one (1) such Critical Illness First Occurrence Benefit.

If First Major Heart Surgery is performed on a covered person, we will pay the insured the First Major Heart Surgery Benefit. The First Major Heart Surgery Benefit is equal to twenty-five percent (25%) of the Critical Illness First Occurrence Benefit. The First Major Heart Surgery must be performed after the waiting period and while the rider is in force with respect to the covered person. Each covered person is limited to one (1) First Major Heart Surgery Benefit.

If an Initial Coronary Angioplasty is performed on a covered person, we will pay the covered person the Initial Coronary Angioplasty Benefit. The Initial Coronary Angioplasty Benefit is equal to ten percent (10%) of the Critical Illness First Occurrence Benefit. The Initial Coronary Angioplasty must be performed after the waiting period and while the rider is in force with respect to the covered person. Each covered person is limited to one (1) Initial Coronary Angioplasty Benefit.

COVERED CONDITIONS are limited to the following: Multiple Sclerosis, Muscular Dystrophy, Renal Failure, Major Organ Transplant of the following organs: heart; lung or lungs; liver; or medically necessary surgery to transplant into a Covered Person bone marrow and/or stem cells, either autologous or allogenic, Cancer, Heart Attack and Stroke.

CRITICAL ILLNESS FIRST OCCURRENCE BENEFIT AMOUNT FOR EACH COVERED PERSON: \$_____

Exceptions and Limitations - The rider provides benefits only for the first occurrence of a covered condition. The rider does not provide benefits for any other disease, sickness or incapacity. The rider provides benefits only for the First Occurrence of Cancer as defined in the rider. No benefit is payable for the diagnosis of Skin Cancer, Carcinoma-in-Situ, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasia).

Pre-Existing Condition Limitation - No language in the rider shall be construed to cause a Critical Illness First Occurrence Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

- ☐ **[ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT RIDER FORM LN-5353** - We will pay this benefit if a covered person suffers loss of life, sight or limb(s) due to injuries received in a covered accident. The loss must occur no later than 90 days after the date of the covered accident. Accidental Death and Dismemberment Benefit Amounts are doubled for covered accidents occurring while the covered person is a fare-paying passenger on a Common Carrier.

The total amount payable under this benefit for all losses resulting from any one (1) covered accident shall not exceed the amount payable for loss of life. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means total and irrecoverable loss of sight.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT AMOUNT FOR EACH COVERED PERSON: \$ _____

LOSS OF LIFE: \$ _____

LOSS OF BOTH HANDS OR BOTH FEET, SIGHT IN BOTH EYES OR ONE HAND AND ONE FOOT \$ _____

LOSS OF ONE HAND OR ONE FOOT OR SIGHT OF ONE EYE: \$ _____

Exclusions - No benefits will be paid for:

- A. war or act of war, whether declared or undeclared;
- B. injuries that are intentionally self-inflicted;
- C. treatment for which no charges are made by the provider of same;
- D. an injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
- E. a covered person's being intoxicated, as determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred, or under the influence of any narcotic unless administered under the advice of a physician;
- F. treatment of alcoholism or drug addiction;
- G. any injury or sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
- H. operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
- I. engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
- J. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- K. practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
- L. committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).
- M. having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any disease or disorder that is not caused by an injury.
- N. being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and Virgin Islands.

Renewability - The rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the rider is paid when due.]

VII. Premiums - The modal premiums for the coverages outlined above are:

[Accidental Expense Policy	\$ _____]
[Outpatient Surgery Rider	\$ _____]
[Hospital Admission Rider	\$ _____]
[Hospital Daily Room Benefit Rider	\$ _____]
[Cancer First Occurrence Benefit Rider	\$ _____]
[Heart Attack and Stroke First Occurrence Benefit Rider	\$ _____]
[Critical Illness First Occurrence Benefit Rider	\$ _____]
[Accidental Death & Dismemberment Rider	\$ _____]
TOTAL:	\$ _____]

The premium for the coverages outlined above for each _____ period.

LifeShield National Insurance Co[®]

[815 West Ash Ave. • Duncan, OK 73533] • Toll Free Phone Number: [1-800-366-8354]

APPLICATION FOR ACCIDENT EXPENSE INSURANCE POLICY FORM SERIES LN-5350

Applicant (First, M.I., Last)			S.S. Number		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birthdate		Home Phone Number	
Home Address			City	State	Zip
Height	Weight	Job/Title Occupation		Duties	
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Applicant) & Address			S. S. Number and Tax ID Number		Birthdate
Primary Beneficiary: Full Name - Age - Relationship			Contingent Beneficiary: Full Name - Age - Relationship		

DEPENDENTS PROPOSED FOR COVERAGE

	Full Name	Sex	Birthdate	Height	Weight
Spouse		M <input type="checkbox"/> F <input type="checkbox"/>			
Children		M <input type="checkbox"/> F <input type="checkbox"/>		X	X
		M <input type="checkbox"/> F <input type="checkbox"/>		X	X
		M <input type="checkbox"/> F <input type="checkbox"/>		X	X
		M <input type="checkbox"/> F <input type="checkbox"/>		X	X

Billing Mode	<input type="checkbox"/> Monthly Bank Draft	<input type="checkbox"/> Monthly List Bill	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi Annual	<input type="checkbox"/> Annual
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BENEFITS

Coverage	Applicant	Spouse	Child(ren)	Modal Premium
Accident Expense Policy Maximum Benefit Amount Annual Deductible (\$0, \$100, \$150, \$200)	\$_____ per year \$_____ per year	\$_____ per year Same as Applicant	\$_____ per year Same as Applicant	
Hospital Admission Rider Maximum Benefit Amount	\$_____ per year	\$_____ per year	\$_____ per year	
Hospital Daily Room Benefit Rider Maximum Benefit Amount Maximum Benefit Period (30 or 60 days) Elimination Period (0, 1, or 2 days)	\$_____ per day _____ days _____ days	\$_____ per day Same as Applicant Same as Applicant	\$_____ per day Same as Applicant Same as Applicant	
Outpatient Surgery Rider Maximum Surgery Benefit	\$_____ per year	\$_____ per year	\$_____ per year	
Critical Illness First Occurrence Benefit Rider	\$_____	\$_____	\$_____	
Heart Attack & Stroke First Occurrence Benefit Rider*	\$_____	\$_____	\$_____	
Cancer First Occurrence Benefit Rider*	\$_____	\$_____	\$_____	
Accidental Death & Dismemberment Benefit Rider	\$_____	\$_____	\$_____	
TOTAL PREMIUM				

*** If you select the Critical Illness First Occurrence Rider you may not select the Cancer First Occurrence Rider or the Heart Attack & Stroke First Occurrence Rider.**

MEDICAL QUESTIONNAIRE

If any of the QUESTIONS in # 1 thru #10 are answered "YES", PLEASE LIST the REQUIRED HEALTH HISTORY in # 13.

All Applications	1. Has any applicant been diagnosed by or received treatment from a member of the medical profession for an immune deficiency disorder, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or tested positive on a Human Immunodeficiency Virus (HIV) test? 2. Has any adult applicant not been actively at work on a full-time basis, at least 20 hours per week; not been able to perform the material and substantial duties of their occupation; and missed work, or not been able to work due to illness or injury (except for minor illness or injury of 1 week or less, or normal pregnancy), for at least 120 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Benefits	3. Within the past 10 years, has any applicant been diagnosed as having or been treated for cancer in any form? 4. Has any applicant been charged with driving under the influence (DUI) of drugs or alcohol within the last ten years? If YES, provide date and driver's license number. _____ 5. Within the past 5 years, has any applicant been diagnosed as having, or been advised to have, treatment for high blood pressure, heart disease/disorder, stroke, lung or respiratory disorder, diabetes, kidney or liver disease, emotional or nervous system disorder, or birth defects? 6. Within the past 5 years, has any applicant had, or been advised by a medical professional to have, any medical treatment? 7. Are you or any person to be insured under this benefit currently pregnant? If YES, who? _____ If YES, any individual named will be excluded from coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer, Heart Attack & Stroke, Critical Illness Benefits	8. Has any applicant been diagnosed as having or been treated for cancer in any form? 9. Has any applicant been advised to have tests to determine if cancer is present? 10. Does any applicant now have, or have they ever been diagnosed as having, Multiple Sclerosis, Renal Failure or Muscular Dystrophy? 11. Does any applicant now have, or have they ever been diagnosed as having, a heart condition, heart attack, stroke, cerebral vascular accident or any other problem of the circulatory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Accidental Death	12. Has any person to be insured engaged in or intend to fly, race, skin or scuba dive, hang-glide or any other hazardous activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health History	13. Name Nature of Incident Date & Duration Name & Address for Doctor or Hospital/Clinic _____ _____ _____ _____ _____ _____ _____ _____	

NON-MEDICAL QUESTIONNAIRE

All Applications	1. Is any applicant eligible for Medicare? 2. Existing Insurance. Is there any other cancer, critical illness, accident, or hospital indemnity insurance in force or applied for on any applicant? If YES, list name, company and policy number, year issued, type of coverage, and amount of benefit. _____ 3. Replacement. Is the insurance applied for to replace or change any existing health, or accident coverage? If YES, complete the replacement form(s) provided by your agent and return with this application. 4. I have received an Outline of Coverage, for each policy applied for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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AGREEMENT: I have read or had read to me the completed application and any supplement, and my statements and answers are true and complete. I understand that any material misstatement or misrepresentation in the application may result in loss of coverage. I understand that the effective date of the policy will be the date stated on the policy's schedule page, not the date this application is signed. I understand that no agent can accept risks, modify policies, or waive any rights or requirements of LifeShield National. I acknowledge that I have received notices about the Medical Information Bureau, and the Fair Credit Reporting Act.

MEDICAL AUTHORIZATION: I authorize the Medical Information Bureau and any insurance company, licensed physician, medical practitioner, hospital, clinic, or other medical related facility, that has any record of my health, to give LifeShield National Insurance Co., any of its reinsurers, its authorized agent or underwriters any medical information requested for the purpose of determining the eligibility of the person proposed for coverage. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for thirty months. I understand that either myself or my authorized representative is entitled to receive a copy of this authorization form.

I KNOW THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER SUBMITS AN APPLICATION FOR INSURANCE CONTAINING FALSE OR DECEPTIVE STATEMENTS MAY BE GUILTY OF INSURANCE FRAUD.

Signed at _____ this _____ day of _____
(city) (state) (month) (year)

Signature of Applicant X _____

Signature of Other Insured (if applicable) X _____

Affidavit for Agent’s Use Only: I hereby certify that I have accurately recorded in this application all information supplied by the applicant. The applicant has read or had read to him or her the completed application. I also certify that this insurance does ☐ does not ☐ replace or change any existing accident or health coverage

Writing Agent’s Signature _____ **Agent’s No.** _____

Agent’s Name: (please print) _____

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO “LifeShield National Insurance Co.”
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]
Toll Free Phone Number: [1-800-366-8354]

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the Policy Effective Date unless a later date is identified in the policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under the rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Common Carrier means a commercial airline, bus, railway, boat or ship, subway, streetcar, or trolley that is operated on a regularly scheduled basis between predetermined points or cities for a fare. A taxicab is not a Common Carrier nor is a privately chartered carrier.

Covered Accident means a sudden, unexpected and unintended event which causes an injury or injuries to a Covered Person, occurs while this policy is in force for the Covered Person and is not excluded in the policy.

BENEFITS

We will pay the Accidental Death and Dismemberment Benefit Amount shown in the policy Insurance Information Schedule if a Covered Person suffers loss of life, sight or limb(s) due to injuries received in a Covered Accident. The loss must occur no later than ninety (90) days after the date of the Covered Accident. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means total and irrecoverable loss of sight.

The total amount payable under this benefit for all losses resulting from any one Covered Accident shall not exceed the amount payable for loss of life. Accidental Death and Dismemberment Benefit Amounts are doubled for Covered Accidents occurring while the Covered Person is a fare-paying passenger on a Common Carrier as defined herein.

EXCLUSIONS

We will not cover benefits for an injury that is caused or occurs as a result of:

1. War or act of war, whether declared or undeclared;
2. Injuries that are intentionally self-inflicted;
3. Treatment for which no charges are made by the provider of same;
4. An Injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
5. A Covered Person's being intoxicated, as determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred, or under the influence of any narcotic unless administered under the advice of a Physician;

6. Treatment of alcoholism or drug addiction;
7. Any Injury or Sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
8. Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
9. Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
10. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
12. Committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).
13. Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any disease or disorder that is not caused by an Injury.
14. Being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and Virgin Islands.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider is paid when due.

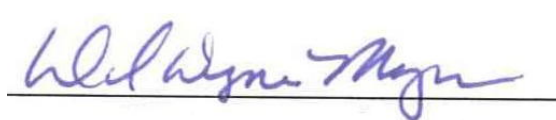
TERMINATION

This rider terminates on the earliest of the following:

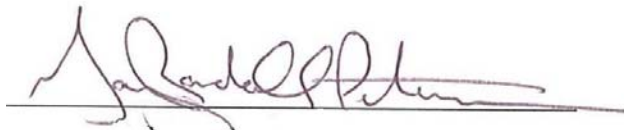
1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive Your Written Request to terminate this rider.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.



Secretary



President

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]
Toll Free Phone Number: [1-800-366-8354]

CANCER FIRST OCCURRENCE BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the policy Effective Date unless a later date is identified in the policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under the rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Cancer means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes Leukemia and Hodgkin's Disease. Skin cancer, Carcinoma-in-Situ, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm), are not to be construed as Cancer in interpreting this rider. The diagnosis of Cancer must be established according to the criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer.

First Occurrence means the first time, while this rider is in force, that a Covered Person is diagnosed, by a physician, as having Cancer as defined in this rider.

Pre-existing Condition means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the Effective Date of a Covered Person's coverage; or
2. a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five (5) years immediately preceding the Effective Date of a Covered Person's coverage.

Skin Cancer means basal cell carcinoma, basal cell epithelioma or squamous cell carcinoma of the skin.

Waiting Period means the number of calendar days, shown on the policy schedule, following the Effective Date during which there is no benefit. First Occurrence of Cancer benefits will not be payable when any advice or treatment received within the Waiting Period, or prior to the Effective Date, leads to the First Occurrence of Cancer. If Cancer is diagnosed during the Waiting Period, the Insured has the option to cancel the policy and receive a refund of any premiums paid.

BENEFITS

If a Covered Person incurs a First Occurrence of Cancer as defined herein, We will pay the Insured the Cancer First Occurrence Benefit for this rider shown in the policy Insurance Information Schedule, provided the First Occurrence occurs after the Waiting Period and while this rider is in force with respect to the Covered Person. Each Covered Person is limited to the payment of one such Cancer First Occurrence Benefit under the terms of this rider.

EXCEPTIONS AND LIMITATIONS

This rider provides benefits only for the First Occurrence of Cancer as defined in this rider. No benefit is payable for the diagnosis of Skin Cancer, Carcinoma-in-Situ, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm). This rider does not provide benefits for any other disease, sickness or incapacity.

PRE-EXISTING CONDITION LIMITATIONS

No language in this rider shall be construed to cause a Cancer First Occurrence Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider are paid when due.

TERMINATION

This rider terminates on the earliest of the following:

1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive Your written request to terminate this rider.

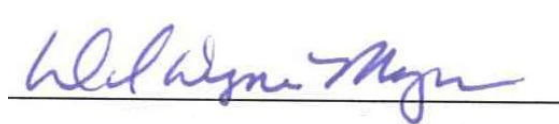
Coverage for a Covered Person will terminate on the earliest of the following:

1. the date coverage terminates for any reason for such Covered Person under the policy to which this rider is attached;
2. the date of Our payment of a Cancer First Occurrence Benefit with respect to the Covered Person.

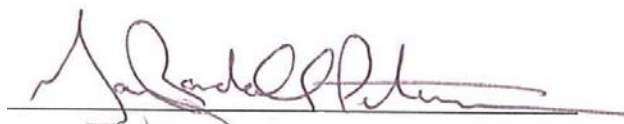
If We accept a premium which extends coverage beyond the stated termination date, then, except in those cases where coverage ends for a Covered Person due to payment of a Cancer First Occurrence Benefit, such coverage will continue until the end of that premium period.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.



Secretary



President

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]

Toll Free Phone Number: [1-800-366-8354]

CRITICAL ILLNESS FIRST OCCURRENCE BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the policy Effective Date unless a later date is identified in the policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under the rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Covered Conditions are limited to the following:

1. **Multiple Sclerosis** - diagnosis by a Physician specializing in Neurology, based on the documentation of lesions at two or more sites of the central nervous system and either: a) two or more relapses in the relapsing-remitting phase of the disease; or b) persistent deterioration for 6 months in the chronic-progressive phase of the disease.
2. **Muscular Dystrophy** - the hereditary disorders characterized by the progressive weakness and wasting of muscles, usually beginning in early childhood.
3. **Renal Failure** - the end stage of chronic, irreversible failure of both kidneys to function, necessitating regular renal dialysis, or resulting in renal transplantation.
4. **Major Organ Transplant** - medically necessary surgery to transplant into a Covered Person, from another human being, any of the following organs: heart; lung or lungs; liver; or medically necessary surgery to transplant into a Covered Person bone marrow and/or stem cells, either autologous or allogenic.
5. **Cancer** - Cancer means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes Leukemia and Hodgkin's Disease. Skin cancer, Carcinoma-in-Situ, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm), are not to be construed as Cancer in interpreting this rider. The diagnosis of Cancer must be established according to the criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer.
6. **Heart Attack** - an acute myocardial infarction (the damaging or death of an area of the heart muscle resulting from a reduced blood supply to that area) caused by a blockage of one or more of the coronary arteries. Such acute myocardial infarction must be confirmed by significant electrocardiographic (EKG) abnormalities, and one or both of the following: a) clinical picture of myocardial infarction; or b) cardiac blood enzyme abnormalities such as abnormality in the CK-MB isoenzyme (Creatine Kinase-MB isomer) fraction.
7. **Stroke** - an acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. This definition of stroke shall specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia.

First Major Heart Surgery means any of the following medically necessary procedures performed on a Covered Person after the Waiting Period and while this rider is in force with respect to the Covered Person and which, prior to the rider's Effective Date, the Covered Person had not ever had or had not ever been advised or been scheduled to have performed (1996 Physicians' Current Procedural Terminology-CPT-codes are in parentheses or equivalent):

1. Heart vessel surgery including coronary artery bypass (33510), aneurysm repair (33720), and aorta surgery - thoracic and abdominal aorta but not its branches (33802);
2. Heart valve surgery including aortic valve (33400), mitral valve (33420), tricuspid valve (33463 & 33464) and pulmonary valve (33470);
3. Initial pacemaker insertion (33200) (A Surgery Benefit is payable for the initial pacemaker insertion only; no benefit is payable for any other pacemaker surgery.);
4. Cardiac tumor removal (33120); and
5. Heart transplant (33945).

First Major Heart Surgery does not include any type of surgery on the pericardium. No Surgery Benefit is payable for surgery on the pericardium unless such surgery also includes one of the above procedures.

First Major Heart Surgery does not include any type of cardiac catheterization (e.g. 93501). No Surgery Benefit is payable for cardiac catheterization.

First Occurrence means the first time, while this rider is in force, that a Covered Person is diagnosed by a Physician as having a Covered Condition.

Initial Coronary Angioplasty (92982) means an operation to repair a damaged blood vessel or unblock a coronary artery. A benefit is payable for the initial angioplasty only; no benefit is payable for any other angioplasty surgery.

Pre-existing Condition means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the Effective Date of a Covered Person's coverage; or
2. a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five (5) years immediately preceding the Effective Date of a Covered Person's coverage.

Waiting Period means the number of calendar days, shown on the policy schedule, following the Effective Date during which there is no benefit. First Occurrence benefits will not be payable when any advice or treatment received within the Waiting Period, or prior to the Effective Date, leads to the First Occurrence of a Covered Condition. If a Covered Condition is diagnosed during the Waiting Period, the Insured has the option to cancel the policy and receive a refund of any premiums paid.

BENEFITS

If a Covered Person incurs a First Occurrence of a Covered Condition as defined herein, We will pay the Covered Person the Critical Illness First Occurrence Benefit for this rider shown in the policy Insurance Information Schedule, provided the First Occurrence occurs after the Waiting Period and while this rider is in force with respect to the Covered Person. Each Covered Person is limited to the payment of one such Critical Illness First Occurrence Benefit under the terms of this rider.

If First Major Heart Surgery is performed on a Covered Person, We will pay the Insured the First Major Heart Surgery Benefit. The First Major Heart Surgery Benefit is equal to twenty-five percent (25%) of the Critical Illness First Occurrence Benefit. The First Major Heart Surgery must be performed after the Waiting Period and while this rider is in

force with respect to the Covered Person. Each Covered Person is limited to one (1) First Major Heart Surgery Benefit under the terms of this rider.

If an Initial Coronary Angioplasty is performed on a Covered Person, We will pay the Covered Person the Initial Coronary Angioplasty Benefit. The Initial Coronary Angioplasty Benefit is equal to ten percent (10%) of the Critical Illness First Occurrence Benefit. The Initial Coronary Angioplasty must be performed after the Waiting Period and while this rider is in force with respect to the Covered Person. Each Covered Person is limited to one (1) Initial Coronary Angioplasty Benefit under the terms of this rider.

EXCEPTIONS AND LIMITATIONS

This rider provides benefits only for the First Occurrence of a Covered Condition defined herein. It does not cover any other sickness, disease or incapacity.

This rider provides benefits only for the First Occurrence of Cancer as defined in this rider. No benefit is payable for the diagnosis of Skin Cancer, Carcinoma-in-Situ, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm).

PRE-EXISTING CONDITION LIMITATIONS

No language in this rider shall be construed to cause a Critical Illness First Occurrence Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider are paid when due.

TERMINATION

This rider terminates on the earliest of the following:

1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive Your written request to terminate this rider.

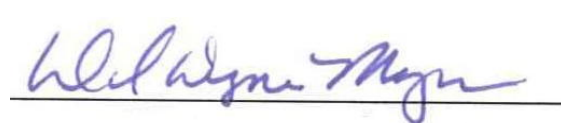
Coverage for a Covered Person will terminate on the earliest of the following:

1. the date coverage terminates for any reason for such Covered Person under the policy to which this rider is attached;
2. the date of Our payment of a Critical Illness First Occurrence Benefit with respect to the Covered Person.

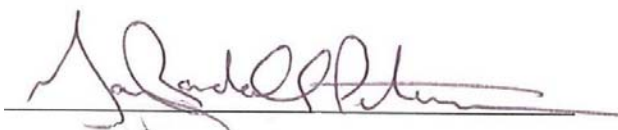
If We accept a premium which extends coverage beyond the stated termination date, then, except in those cases where coverage ends for a Covered Person due to payment of a Critical Illness First Occurrence Benefit, such coverage will continue until the end of that premium period.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.



Secretary



President

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]
Toll Free Phone Number: [1-800-366-8354]

HOSPITAL ADMISSION RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the Policy Effective Date unless a later date is identified in the policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under the rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Complications of Pregnancy means a Sickness:

1. that requires hospital confinement;
2. whose diagnosis is distinct from pregnancy; and
3. that is adversely affected by pregnancy or is caused by pregnancy.

These complications include:

1. acute nephritis, nephrosis, cardiac decompensation, missed abortion, eclampsia, intrauterine fetal growth retardation;
2. hyperremesis gravidarum;
3. spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible;
4. ectopic pregnancy that is terminated; or
5. similar medical and surgical conditions or like seriousness.

Complications of Pregnancy **do not** include: false labor; occasional spotting; rest that a physician prescribes during pregnancy; morning sickness; elective Cesarean section; elective abortion; or similar conditions that occur with a difficult pregnancy but are not medically classified as a distinct Complication of Pregnancy.

First Occurrence Hospital Confinement means the first time a Covered Person is confined to a Hospital in a calendar year for a Period of Hospital Confinement for which benefits are payable under this rider. The first day of the Period of Hospital Confinement must be in the calendar year for which the Hospital Admission Benefit is payable.

Hospital means an institution that:

1. operates as a Hospital pursuant to law;
2. operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
3. provides 24-hour nursing service by registered nurses on duty or on call;
4. has a staff of one or more physicians available at all times;
5. provides organized facilities for diagnosis, treatment and surgery, either;
 - a. on its premises; or
 - b. in facilities available to it on a pre-arranged basis.

Hospital does NOT include the following:

1. convalescent homes or convalescent, rest or nursing facilities;
2. facilities primarily affording custodial, educational or rehabilitative care; or

3. facilities for the aged, drug addicts or alcoholics.

Period of Hospital Confinement means a period during which a Covered Person is continuously confined to a hospital on the advice and recommendation of a physician. A Period of Hospital Confinement will end upon discharge from the Hospital unless:

1. discharge is for the purpose of immediate readmission to another Hospital; or
2. the Covered Person is subsequently readmitted for the same or related cause within thirty (30) days of the date of discharge.

In either of the above cases, the subsequent confinement will be considered a continuation of the prior confinement

Pre-existing Condition means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the Effective Date of a Covered Person's coverage; or
2. a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five (5) years immediately preceding the Effective Date of a Covered Person's coverage.

BENEFITS

We will pay the Hospital Admission Benefit listed in the policy Insurance Information Schedule for a Covered Person's First Occurrence Hospital Confinement. In order for this benefit to be payable, confinement must:

1. be due to Injury, Sickness or Complication of Pregnancy; and
2. begin while this rider is in force for a Covered Person; and
3. be for at least one day (24 hours); and
4. be at the direction of and under the supervision of a physician.

This benefit is not payable more than once per calendar year per Covered Person.

EXCLUSIONS AND LIMITATIONS

We will not cover Hospital confinements or other losses:

1. For the following conditions if they are diagnosed within six months after the Effective Date unless confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, disorder of the reproductive organs;
2. For routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
3. For an elective abortion;
4. For War or act of war, whether declared or undeclared;
5. For dental treatment unless due to injury;
6. For injuries that are intentionally self-inflicted;
7. For treatment for which no charges are made by the provider of same;
8. For cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive surgery is defined as:
 - a. surgery as the result an injury, or
 - b. surgery to restore a normal bodily function; or
 - c. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - d. breast reconstruction following mastectomy.
9. For services which are primarily for rest care, convalescent care or for rehabilitation;
10. For treatment of mental or nervous disorder without demonstrable organic disease;

11. For an Injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
12. Due to a Covered Person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred or under the influence of any narcotic unless administered under the advice of a physician;
13. For treatment of alcoholism or drug addiction;
14. For treatment in a hospital outside the United States or its possessions, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure;
15. For any injury or Sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
16. For operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
17. For engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
18. For riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
19. For practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
20. For committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).

PRE-EXISTING CONDITION LIMITATIONS

We do not cover Pre-Existing Conditions for the first two (2) years after coverage becomes effective.

This provision does not affect a newborn Dependent child added after the policy's Effective Date.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider are paid when due.

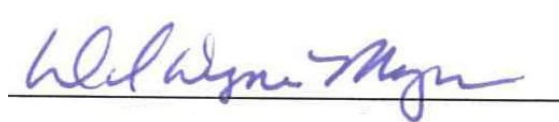
TERMINATION

This rider terminates on the earliest of the following:

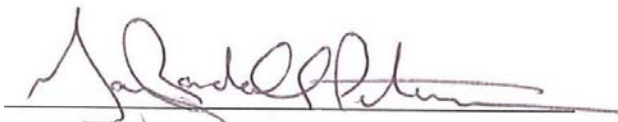
1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive Your written request to terminate this rider.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.



Secretary



President

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]
Toll Free Phone Number: [1-800-366-8354]

HOSPITAL DAILY ROOM BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the policy Effective Date unless a later date is identified in the policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under the rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Complications of Pregnancy means a Sickness:

1. that requires hospital confinement;
2. whose diagnosis is distinct from pregnancy; and
3. that is adversely affected by pregnancy or is caused by pregnancy.

These complications include:

1. acute nephritis, nephrosis, cardiac decompensation, missed abortion, eclampsia, intrauterine fetal growth retardation;
2. hyperremesis gravidarum;
3. spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible;
4. ectopic pregnancy that is terminated; or
5. similar medical and surgical conditions or like seriousness.

Complications of Pregnancy **do not** include: false labor; occasional spotting; rest that a physician prescribes during pregnancy; morning sickness; elective Cesarean section; elective abortion; or similar conditions that occur with a difficult pregnancy but are not medically classified as a distinct Complication of Pregnancy.

Elimination Period means the number of consecutive days of confinement to a Hospital during each Period of Hospital Confinement before We begin payment of the Hospital Daily Room Benefit for an injury or Sickness. The Elimination Period for injury and Sickness are shown in the policy Insurance Information Schedule.

Hospital means an institution that:

1. operates as a Hospital pursuant to law;
2. operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
3. provides 24-hour nursing service by registered nurses on duty or on call;
4. has a staff of one or more physicians available at all times;
5. provides organized facilities for diagnosis, treatment and surgery, either;
 - a. on its premises; or
 - b. in facilities available to it on a pre-arranged basis.

Hospital does NOT include the following:

1. convalescent homes or convalescent, rest or nursing facilities;
2. facilities primarily affording custodial, educational or rehabilitative care; or
3. facilities for the aged, drug addicts or alcoholics.

Inpatient means a resident patient of a Hospital using daily room and board.

Maximum Benefit Period means the period of time during which the Hospital Daily Room Benefit is payable for one (1) Period of Confinement. The Maximum Benefit Period is shown in the policy Insurance Information Schedule.

Period of Hospital Confinement means a period during which a Covered Person is continuously confined to a hospital on the advice and recommendation of a physician. A Period of Hospital Confinement will end upon discharge from the Hospital unless:

1. discharge is for the purpose of immediate readmission to another Hospital; or
2. the Covered Person is subsequently readmitted for the same or related cause within thirty (30) days of the date of discharge.

In either of the above cases, the subsequent confinement will be considered a continuation of the prior confinement.

Pre-existing Condition means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one (1) year before the Effective Date of a Covered Person's coverage; or
2. a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five (5) years immediately preceding the Effective Date of a Covered Person's coverage.

Sickness means disease or illness that manifests itself while coverage is in force for a Covered Person.

BENEFITS

We will pay the Hospital Daily Room Benefit shown in the policy Insurance Information Schedule for each day that a Covered Person is confined to a Hospital as an Inpatient after the applicable Elimination Period. For benefits to be payable, the Hospital confinement must:

1. be due to an Injury, Sickness, or Complication of Pregnancy; and
2. begin while this rider is in force for the Covered Person; and
3. be for at least 24 hours; and
4. be at the direction of and under the supervision of a physician.

Benefits will not be payable beyond the Maximum Benefit Period for any one (1) Period of Confinement.

The Hospital Daily Room Benefit, Elimination Periods for Injury, Sickness and Complication of Pregnancy and the Maximum Benefit Period are shown on the policy Insurance Information Schedule.

EXCLUSIONS AND LIMITATIONS

We will not cover Hospital confinements or other losses:

1. For the following conditions if they are diagnosed within six months after the Effective Date unless confinement is on an emergency basis: a hernia, adenoids, tonsils, varicose veins, disorder of the reproductive organs;
2. For routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
3. For an elective abortion;
4. For War or act of war, whether declared or undeclared;
5. For dental treatment unless due to injury;
6. For injuries that are intentionally self-inflicted;
7. For treatment for which no charges are made by the provider of same;
8. For cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive surgery is defined as:
 - a. surgery as the result an injury, or

- b. surgery to restore a normal bodily function; or
 - c. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - d. breast reconstruction following mastectomy.
- 9. For services which are primarily for rest care, convalescent care or for rehabilitation;
 - 10. For treatment of mental or nervous disorder without demonstrable organic disease;
 - 11. For an Injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
 - 12. Due to a Covered Person's being intoxicated, as determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred or under the influence of any narcotic unless administered under the advice of a physician;
 - 13. For treatment of alcoholism or drug addiction;
 - 14. For treatment in a hospital outside the United States or its possessions, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure;
 - 15. For any injury or Sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
 - 16. For operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
 - 17. For engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
 - 18. For riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
 - 19. For practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
 - 20. For committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).

PRE-EXISTING CONDITION LIMITATIONS

We do not cover Pre-Existing Conditions for the first two (2) years after coverage becomes effective.

This provision does not affect a newborn Dependent child added after the policy's Effective Date.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider are paid when due.

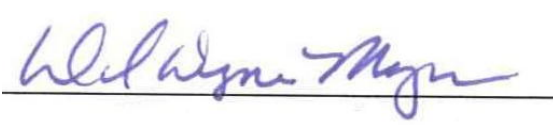
TERMINATION

This rider terminates on the earliest of the following:

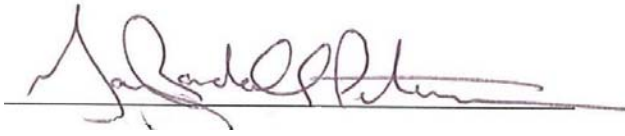
- 1. the date the policy terminates;
- 2. when You fail to pay the required premium within its grace period;
- 3. the premium due date on or next following the date we receive Your written request to terminate this rider.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.



Secretary



President

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]
Toll Free Phone Number: [1-800-366-8354]

HEART ATTACK & STROKE FIRST OCCURRENCE BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the Policy Effective Date unless a later date is identified in the Policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under the rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Covered Conditions are limited to the following:

1. **Heart Attack** - an acute myocardial infarction (the damaging or death of an area of the heart muscle resulting from a reduced blood supply to that area) caused by a blockage of one or more of the coronary arteries. Such acute myocardial infarction must be confirmed by significant electrocardiographic (EKG) abnormalities, and one or both of the following: a) clinical picture of myocardial infarction; or b) cardiac blood enzyme abnormalities such as abnormality in the CK-MB isoenzyme (Creatine Kinase-MB isomer) fraction.
2. **Stroke** - an acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. This definition of stroke shall specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia.

First Major Heart Surgery means any of the following medically necessary procedures performed on a Covered Person after the Waiting Period and while this rider is in force with respect to the Covered Person and which, prior to the rider's Effective Date, the Covered Person had not ever had or had not ever been advised or been scheduled to have performed (1996 Physicians' Current Procedural Terminology-CPT-codes are in parentheses or equivalent):

1. Heart vessel surgery including coronary artery bypass (33510), aneurysm repair (33720), and aorta surgery – thoracic and abdominal aorta but not its branches (33802);
2. Heart valve surgery including aortic valve (33400), mitral valve (33420), tricuspid valve (33463 & 33464) and pulmonary valve (33470);
3. Initial pacemaker insertion (33200) (A Surgery Benefit is payable for the initial pacemaker insertion only; no benefit is payable for any other pacemaker surgery.);
4. Cardiac tumor removal (33120); and
5. Heart transplant (33945).

First Major Heart Surgery does not include any type of surgery on the pericardium. No Surgery Benefit is payable for surgery on the pericardium unless such surgery also includes one of the above procedures.

First Major Heart Surgery does not include any type of cardiac catheterization (e.g. 93501). No Surgery Benefit is payable for cardiac catheterization.

First Occurrence means the first time, while this rider is in force, that a Covered Person is diagnosed by a physician as having a Covered Condition.

Initial Coronary Angioplasty (92982) means an operation to repair a damaged blood vessel or unblock a coronary artery. A benefit is payable for the initial angioplasty only; no benefit is payable for any other angioplasty surgery.

Pre-existing Condition means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the Effective Date of a Covered Person's coverage; or
2. a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five (5) years immediately preceding the Effective Date of a Covered Person's coverage.

Waiting Period means the number of calendar days, shown on the policy schedule, following the Effective Date during which there is no benefit. First Diagnosis Heart Attack or First Major Heart Surgery benefits will not be payable when any advice or treatment received within the Waiting Period, or prior to the Effective Date, leads to the First Diagnosis of Heart Attack or First Major Heart Surgery. If a Heart Attack is diagnosed, or First Major Heart Surgery is advised or performed, during the Waiting Period, the Insured has the option to cancel the policy and receive a refund of any premiums paid.

BENEFITS

If a Covered Person should incur a First Occurrence of a Covered Condition as defined herein, We will pay the Insured the Benefit Amount for this rider shown in the policy Insurance Information Schedule, reduced by the First Major Heart Surgery Benefit and/or Initial Coronary Angioplasty Benefit if previously paid for that Covered Person under this Rider. The First Occurrence must occur after the Waiting Period and while this rider is in force with respect to the Covered Person. Each Covered Person is limited to the payment of one (1) such Heart Attack & Stroke First Occurrence Benefit under the terms of this rider.

If First Major Heart Surgery is performed on a Covered Person, We will pay the Covered Person the First Major Heart Surgery Benefit. The First Major Heart Surgery Benefit is equal to twenty-five percent (25%) of the Heart Attack & Stroke First Occurrence Benefit. The First Major Heart Surgery must be performed after the Waiting Period and while this rider is in force with respect to the Covered Person. Each Covered Person is limited to one (1) First Major Heart Surgery Benefit under the terms of this rider.

If an Initial Coronary Angioplasty is performed on a Covered Person, We will pay the Covered Person the Initial Coronary Angioplasty Benefit. The Initial Coronary Angioplasty Benefit is equal to ten percent (10%) of the Heart Attack & Stroke First Occurrence Benefit. The Initial Coronary Angioplasty must be performed after the Waiting Period and while this rider is in force with respect to the Covered Person. Each Covered Person is limited to one (1) Initial Coronary Angioplasty Benefit under the terms of this rider.

EXCEPTIONS AND LIMITATIONS

This rider provides benefits only for the First Occurrence of a Covered Condition defined herein. It does not cover any other sickness, disease or incapacity.

PRE-EXISTING CONDITION LIMITATIONS

No language in this rider shall be construed to cause a Heart Attack & Stroke First Occurrence Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider are paid when due.

TERMINATION

This rider terminates on the earliest of the following:

1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive Your written request to terminate this rider.

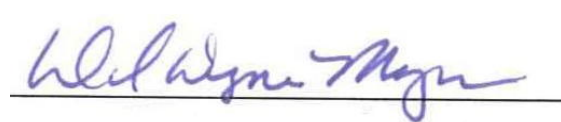
Coverage for a Covered Person will terminate on the earliest of the following:

1. the date coverage terminates for any reason for such Covered Person under the policy to which this rider is attached;
2. the date of Our payment of a First Occurrence Benefit with respect to the Covered Person.

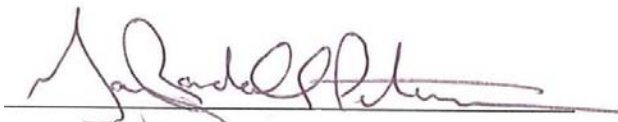
If We accept a premium which extends coverage beyond the stated termination date, then, except in those cases where coverage ends for a Covered Person due to payment of a Heart Attack & Stroke First Occurrence Benefit, such coverage will continue until the end of that premium period.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.



Secretary



President

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]
Toll Free Phone Number:[1-800-366-8354]

OUTPATIENT SURGERY RIDER

This rider is a part of the policy to which it is attached. It is subject to all of the terms and conditions of the policy not inconsistent with this rider. It is issued in consideration of Your payment of the required premium and the information contained in the application for this rider.

The Effective Date of this rider is the Policy Effective Date unless a later date is identified in the policy Insurance Information Schedule. The Effective Date of a Covered Person's insurance under this rider will be the later of:

1. The Effective Date of his or her coverage under the policy; or
2. The Effective Date of this rider.

DEFINITIONS

Complications of Pregnancy means a Sickness:

1. that requires hospital confinement;
2. whose diagnosis is distinct from pregnancy; and
3. that is adversely affected by pregnancy or is caused by pregnancy.

These complications include:

1. acute nephritis, nephrosis, cardiac decompensation, missed abortion, eclampsia, intrauterine fetal growth retardation;
2. hyperremesis gravidarum;
3. spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible;
4. ectopic pregnancy that is terminated; or
5. similar medical and surgical conditions or like seriousness.

Complications of Pregnancy **do not** include: false labor; occasional spotting; rest that a physician prescribes during pregnancy; morning sickness; elective Cesarean section; elective abortion; or similar conditions that occur with a difficult pregnancy but are not medically classified as a distinct Complication of Pregnancy.

Medically Necessary means surgical services required by a Physician as a result of treatment for a Sickness or a Complication of Pregnancy and the expenses for which are incurred by a Covered Person.

Outpatient Facility means any licensed public or private establishment that has an organized medical staff with permanent facilities equipped and operated for the purposes of performing continuous physician services and registered professional nursing services whenever a patient is in the facility. It may not provide services or other accommodations for patients to stay overnight. Outpatient Facility may include an Ambulatory Surgical Center, Hospital Day Surgery Center or Hospital Outpatient Department. Outpatient Facility does not include a Physician's Office.

Pre-existing Condition means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the Effective Date of a Covered Person's coverage; or

2. a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician during the five (5) years immediately preceding the Effective Date of a Covered Person's coverage.

Reasonable and Customary means reasonable in terms of services, care or treatment provided and customary in that it is equal to the charge usually made by the provider of same. It also means that the charge does not exceed the usual charge made by those providers in the same geographic area with similar professional standing and providing similar services, care or treatment.

Sickness means any disease, disorder or illness that is not caused by an Injury and that first manifests itself while coverage is in force, under this rider, for a Covered Person.

Surgical Operation means a Medically Necessary procedure involving an incision with instruments, performed to repair damage or arrest disease in a living body. Such procedure must be classified as surgery by current Procedural Terminology endorsed by the American Medical Association. Surgical Operation does not include cosmetic, voluntary or elective surgery.

BENEFITS

If a Surgical Operation is performed by a Physician due to a Sickness or a Complication of Pregnancy, as defined within this rider, and if a Covered Person incurs charges for the Surgical Operation, We will pay the Reasonable and Customary expenses incurred for the Surgical Operation not to exceed the calendar year Maximum Outpatient Surgery Benefit Amount shown on the policy's schedule page. The Surgical Operation must be rendered in an Outpatient Facility, as defined within this rider. We will only pay one Maximum Outpatient Surgery Benefit Amount per calendar year per Covered Person regardless of the number of incidents of care received or the number of different sicknesses incurred in the calendar year.

EXCLUSIONS

No benefits will be paid for:

1. routine pregnancy; however, Complications of Pregnancy will be considered the same as any other Sickness;
2. loss due to an injury;
3. treatment for which no charges are made by the provider of same;
4. cosmetic, voluntary or elective surgery;
5. an elective abortion; or
6. any Sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law.

PRE-EXISTING CONDITION LIMITATIONS

No language in this rider shall be construed to cause an Outpatient Surgery Benefit to be paid for any diagnosis resulting from a Pre-Existing Condition regardless of when such diagnosis is made.

PREMIUMS

The premium for this rider is shown in the policy Insurance Information Schedule. This premium is payable in addition to and under the same conditions as the premium for the policy.

RENEWABILITY

This rider is guaranteed renewable as long as the policy to which it is attached remains in force and the premium for the rider is paid when due.

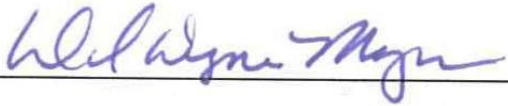
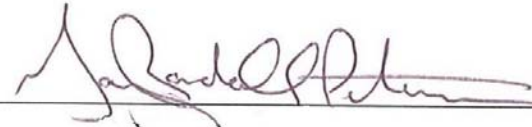
TERMINATION

This rider terminates on the earliest of the following:

1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive Your written request to terminate this rider.

REINSTATEMENT

If You apply for reinstatement of the policy, You may apply to reinstate this rider at the same time.

	
_____ Secretary	_____ President

SERFF Tracking Number:	FRCS-127614688	State:	Arkansas
Filing Company:	LifeShield National Insurance Co	State Tracking Number:	49753
Company Tracking Number:	5576		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Accident Expense Policy LN-5350		
Project Name/Number:	LifeShield/62/62		

Rate Information

Rate data applies to filing.

Filing Method:	For Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
LifeShield National Insurance Co	%	%				%	%

SERFF Tracking Number:	FRCS-127614688	State:	Arkansas
Filing Company:	LifeShield National Insurance Co	State Tracking Number:	49753
Company Tracking Number:	5576		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Accident Expense Policy LN-5350		
Project Name/Number:	LifeShield/62/62		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-Closed 10/14/2011	Rates and Actuarial	LN-5350-AR, LN- New 5353, LN-5354, LN-5355, LN- 5356-AR, LN- 5357-AR, LN- 5358, LN-5360			Actuarial memo.pdf

LifeShield National Insurance Company

Accident Expense Policy Form Policy Form Number LN-5350 Rider Form Numbers LN-5353, LN-5354, LN-5355, LN-5356, LN-5357, LN-5358, LN-5360

Actuarial Memorandum

Scope and Purpose

This is for a new individual policy. The purpose of this actuarial memorandum is to demonstrate that the anticipated loss ratio of this form meets state requirements. It is not intended for other uses.

Benefit Description

The base policy form pays for treatment by a physician in an emergency room or physician's office for an injury due to an accident up to a policy maximum. The maximum benefit options are \$1,000, \$2,000, \$5,000 and \$10,000.

Optional Riders:

1. Accidental Death and Dismemberment Rider (Form Number LN-5353)
2. Cancer Rider (Form Number LN-5354)
This rider pays a one-time lump sum benefit for cancer as defined in the rider.
3. Critical Illness Rider (Form Number LN-5355)
This rider pays a one-time lump sum benefit for heart attack and stroke, cancer, multiple sclerosis, muscular dystrophy, renal failure or major organ transplant.
4. Hospital Admission Rider (Form Number LN-5356)
This rider pays a one-time lump sum benefit for hospital admission.
5. Hospital Indemnity Rider (Form Number LN-5357)
This rider pays a daily benefit for hospital confinement up to 60 days.
6. Heart Attack and Stroke Rider (Form Number LN-5358)
This rider pays a one-time lump sum benefit for heart attack or stroke as defined in the rider. A 25% benefit is available for a first major heart surgery and 10% for a first time angioplasty.
7. Outpatient Services Rider (Form Number LN-5360)
This rider pays for the first outpatient surgery once per year. Unit amounts equal \$50. For this rider, premium rates do not vary by issue age or sex.

Covered Persons

This policy may be issued to provide individual coverage to the person named in the application and any covered dependents.

Renewability

This policy is guaranteed renewable for life. The premium rates may only be changed for all contracts with the same form number by underwriting class and by state.

Applicability

The proposed premium rate levels will apply to all newly written policies of this form.

Morbidity

The claim costs for this policy form and applicable riders are based on several different sources. The various sources are the 2001 SEER Cancer Statistics, the Heart and Stroke Facts: 1994 Statistical Supplement, the 2004 Statistical Abstract of the United States, the National Center for Health Statistics: Ambulatory Care Data, and the 1996 Society of Actuaries Accidental Death Table.

Any adjustments to the expected claim costs mentioned above for underwriting selection are shown in the Underwriting section of this report.

Mortality

The mortality table used was 100% of the 1975-80 Ultimate Table blended for males and females.

Persistency

For purposes of pricing the proposed rate structure, we used the following lapse rates. During the first policy year, it is assumed that of the lapses in this year that 25% occur in the first month, 15% occur in the second month and 6% each month thereafter.

Duration	Lapse Rates
1	30.0%
2	20.0
3	17.5
4	15.0
5	12.5
6+	10.0

A shock lapse rate of 50% was assumed at attained age 65 due to the availability of medical coverage under Medicare.

Marketing Method

These plans will be marketed on an individual basis through licensed agents.

Underwriting

Underwriting is on an accept/reject basis with a simplified yes/no application.

As a result no underwriting selection has been assumed.

Premium Classes

Premium Rate Formula:

The present value amounts are discounted for interest (at a 5.0% annual rate, which rate is also used for assumed investment income) and survivorship.

Premium Rate Structure:

The proposed premium rates are shown in Exhibit I. Premium rates are on an issue age basis. The base policy rates do not vary by sex.

Issue Age Range

Coverage will only be available to applicants from ages 0 to 64.

Area Factors

This product does not use area factors.

Average Annual Premium

The composite average annual anticipated for the base policy form with the assumed rider distribution is \$442.77.

Premium Modalization Rules

The modal factors that will apply to the proposed annual premium rate scale are shown below:

Mode	Modal Factor
Annual	1
Semi-Annual	1/2
Quarterly	1/4
Bank Draft	1/12

Trend Assumptions – Medical and Insurance

This policy provides for the payment of a fixed indemnity benefit. No medical trending has been assumed in the assumptions. The only insurance trend factor that can reasonably be assumed is that of underwriting selection which has not been assumed for this policy form.

In the event of unfavorable experience, there may be rate increases needed to maintain a lifetime anticipated loss ratio in excess of the minimum loss ratio. In setting future premium rates the company will monitor actual claim experience, industry trends, government studies, and other sources of claim costs.

In evaluating the plan's own experience, the company will use national experience data unless state-level or more specific data is sufficiently credible.

Minimum Loss Ratio

The minimum loss ratio for this policy based on the type of policy, renewability and average premium amount is 51.22%.

Anticipated Loss Ratio

Composite durational loss ratios are shown in Exhibit II. The lifetime anticipated loss ratio is 53.94%. It is calculated as the present value of benefits divided by the present value of premium over 40 years. The pricing interest rate of 5.0% was used to calculate the anticipated ratio.

Distribution of Business

Expected Age Distribution of Insureds at Issue	
Issue Age	Percentage Distribution
0-24	6.0%
25-29	7.0
30-34	11.0
35-39	15.0
40-44	18.0
45-49	16.0
50-54	14.0
55-59	9.0
60-64	4.0
Total	100.0%

The average assumed issue age based on the above distribution is 42.

Expected Maximum Base Plan Distribution	
Maximum Benefit	Percentage Distribution
\$1,000	15.0%
2,000	45.0
5,000	35.0
10,000	5.0
Total	100.0%

Expected Sex Distribution	
Sex	Percentage Distribution
Male	50.0%
Female	50.0
Total	100.0%

Expected Status Distribution	
Status	Percentage Distribution
Individual	50.0%
Parents/1 child	45.0
Parents/2 children	5.0
Total	100.0%

Expected Deductible Base Plan Distribution	
Deductible	Percentage Distribution
\$0	100.0%
100	0.0
150	0.0
200	0.0
Total	100.0%

Expected Base & Rider Distributions	
	Percentage Distribution
Base Only	32.0%

Rider percentages for the remaining 68% that have a rider attached to the base policy.

Rider Form	Percentage Distribution
Hosp Ind	9.0%
Critical Illness	9.0
Hosp Adm	9.0
Cancer	5.0
Heart	6.0
ADB	53.0
Outpatient	9.0
Total	100.0%

These distributions are based on expected experience.

Actuarial Certification

I certify that to the best of my knowledge and judgment:

- 1) The entire rate filing is in compliance with the applicable laws of your state and with the rules of the Department of Insurance;
- 2) Complies with the Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board, January 1989, which standard is hereby adopted and incorporated by reference;
- 3) The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, nor unfairly discriminatory.



Edward Mire, F.S.A., M.A.A.A.
Rudd and Wisdom, Inc., Consulting Actuaries

August 25, 2011

Exhibit 1

Base Plan Annual Premiums

		Deductible		
Maximum Benefit	0	100	150	200
1000	115.20	103.20	97.20	91.20
1500	126.00	114.00	108.00	102.00
2000	139.20	127.20	121.20	115.20
2500	146.10	134.10	128.10	122.10
3000	151.20	139.20	133.20	127.20
3500	156.30	144.30	138.30	132.30
4000	162.30	150.30	144.30	138.30
4500	168.30	156.30	150.30	144.30
5000	175.20	163.20	157.20	151.20
6000	179.60	167.60	161.60	155.60
7000	183.90	171.90	165.90	159.90
8000	189.80	177.80	171.80	165.80
9000	192.70	180.70	174.70	168.70
10000	195.60	183.60	177.60	171.60

Exhibit 1

Rider Annual Premiums
Hospital Indemnity L-5357

	60 Days/0 Elim		60 Days/1 Elim		60 Days/2 Elim		30 Days/0 Elim		30 Days/1 Elim		30 Days/2 Elim	
Issue Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	30.00	30.00	25.20	25.20	22.80	22.80	27.90	27.90	23.10	23.10	20.70	20.70
21-24	39.90	61.50	33.50	54.10	30.30	51.00	37.10	57.10	30.70	49.70	27.50	46.60
25-29	46.70	67.20	38.90	56.10	35.20	50.70	43.40	62.40	35.60	51.30	31.90	45.90
30-34	55.80	72.90	46.30	57.50	41.80	49.50	51.80	67.70	42.30	52.30	37.80	44.30
35-39	66.10	79.80	53.80	59.80	48.20	49.80	61.40	74.20	49.10	54.20	43.50	44.20
40-44	76.30	88.90	61.00	63.10	54.10	50.60	70.90	82.60	55.60	56.80	48.70	44.30
45-49	91.20	100.30	72.90	73.20	64.20	60.10	84.80	93.20	66.50	66.10	57.80	53.00
50-54	110.50	114.00	88.40	85.50	77.30	71.80	102.70	106.00	80.60	77.50	69.50	63.80
55-59	140.20	132.20	114.20	102.40	101.60	87.90	130.30	122.90	104.30	93.10	91.70	78.60
60-64	182.40	166.40	151.30	133.10	136.80	116.40	169.60	154.70	138.50	121.40	124.00	104.70

	L-5356 Per \$100 Hospital Confinement		L-5354 Per \$1000 First Cancer		L-5358 Per \$1000 First Heart		L-5355 Per \$1000 Critical Illness		L-5353 Per \$1000 ADB	
Issue Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	5.00	5.00	0.80	0.80	0.20	0.20	1.10	1.10	0.30	0.30
21-24	6.60	11.40	1.00	1.30	0.70	0.20	1.80	1.60	0.90	0.30
25-29	7.90	14.80	1.40	2.10	1.50	0.40	3.10	2.60	0.70	0.30
30-34	10.20	18.20	2.20	3.30	3.10	0.90	5.60	4.40	0.60	0.30
35-39	12.50	21.50	3.60	5.00	5.30	1.70	9.30	7.00	0.60	0.30
40-44	14.80	22.80	6.00	7.40	8.20	2.80	14.90	10.70	0.60	0.30
45-49	17.10	23.90	10.10	10.20	11.60	4.40	22.80	15.30	0.60	0.30
50-54	21.60	25.00	16.10	13.60	15.90	6.40	33.50	21.00	0.60	0.30
55-59	26.20	27.30	24.20	17.50	20.60	9.30	48.90	28.10	0.60	0.40
60-64	34.20	34.20	34.00	21.80	23.30	12.40	60.00	35.70	0.70	0.40

Outpatient Treatment Rider LN-5360: \$20 per unit

Exhibit II

Composite Durational Loss Ratios

	Present Values		
Duration	Premiums	Claims	Loss Ratio
1	\$356.69	\$180.98	50.7%
2	259.25	133.02	51.3
3	198.13	102.83	51.9
4	154.74	81.24	52.5
5	124.01	65.91	53.2
6	103.53	55.74	53.8
7	87.80	47.91	54.6
8	74.39	41.17	55.3
9	61.77	34.64	56.1
10	50.90	28.93	56.8
11	43.04	24.85	57.7
12	36.36	21.31	58.6
13	30.68	18.26	59.5
14	25.11	15.16	60.4
15	20.29	12.43	61.2
16	17.08	10.65	62.3
17	14.35	9.09	63.3
18	12.04	7.76	64.4
19	9.73	6.37	65.4
20	7.74	5.15	66.5
21	6.47	4.39	67.8
22	5.40	3.72	68.8
23	4.50	3.15	70.0
24	3.57	2.54	71.2
25	2.77	2.01	72.5
26	2.29	1.70	74.0
27	1.90	1.43	75.1
28	1.57	1.20	76.4
29	1.23	0.96	77.9
30	0.94	0.75	79.6
31	0.77	0.63	81.3
32	0.63	0.52	82.5
33	0.51	0.43	83.8
34	0.40	0.34	85.6
35	0.30	0.26	87.6
36	0.24	0.22	89.6
37	0.20	0.18	90.7
38	0.16	0.14	92.2
39	0.12	0.11	94.3
40	0.09	0.09	96.9
Totals	\$1,721.68	\$928.12	53.9%

Exhibit III

Minimum Loss Ratio Calculation

Base with All Riders

$$R = 55\%$$

$$I = 2.2313 \quad (\text{CPI-U 9/82} = 97.9 ; \text{CPI-U 9/10} = 218.44)$$

$$X = \$442.77$$

$$I \times 250 = \$557.81 \quad \text{Therefore use Low Average Premium formula.}$$

$$R' = .55 \times [(2.2313 \times 500) + 442.77] / [2.2313 \times 750] = .5122$$

$$\text{Adjusted Minimum Loss Ratio} = 51.22\%$$

$$\text{Expected L/R} = 53.9\%$$

SERFF Tracking Number:	FRCS-127614688	State:	Arkansas
Filing Company:	LifeShield National Insurance Co	State Tracking Number:	49753
Company Tracking Number:	5576		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Accident Expense Policy LN-5350		
Project Name/Number:	LifeShield/62/62		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: Auth_2-28-2011.pdf AR CoC.pdf AR RDB.pdf	Approved-Closed	10/14/2011
Satisfied - Item: Application Comments: Please see Form Schedule for application.	Approved-Closed	10/14/2011
Satisfied - Item: Health - Actuarial Justification Comments: Please see the Rate Schedule for actuarial and rates.	Approved-Closed	10/14/2011
Satisfied - Item: Outline of Coverage Comments: Please see the Form Schedule for the Outline of Coverage.	Approved-Closed	10/14/2011
Satisfied - Item: Statement of Variability Comments: Attachment:	Approved-Closed	10/14/2011

<i>SERFF Tracking Number:</i>	<i>FRCS-127614688</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeShield National Insurance Co</i>	<i>State Tracking Number:</i>	<i>49753</i>
<i>Company Tracking Number:</i>	<i>5576</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Expense Policy LN-5350</i>		
<i>Project Name/Number:</i>	<i>LifeShield/62/62</i>		

SOV for LNG 5350 et al (with outline).pdf



LIFESHIELD
NATIONAL INSURANCE COMPANY

Member, The Midland Group

February 28, 2011

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

LifeShield National Insurance Co

By:

Title: Vice President

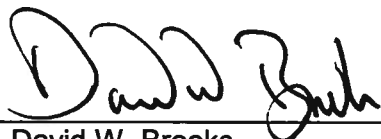
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: LifeShield National Insurance Co

Form Title(s): Accidental Expense Insurance Policy, Outline of Coverage, Application for Accidental Expense Insurance Policy, Accidental Death & Dismemberment Benefit Rider, Cancer First Occurrence Benefit Rider, Critical Illness First Occurrence Benefit Rider, Hospital Admission Rider, Hospital Daily Room Benefit Rider, Heart Attack & Stroke First Occurrence Benefit Rider, Outpatient Surgery Rider

Form Number(s): LN-5350-AR, LN-5351-AR, LN-5352, LN-5353, LN-5354, LN-5355, LN-5356-AR, LN-5357-AR, LN-5358, LN-5360

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



David W. Brooks
Vice President

August 25, 2011

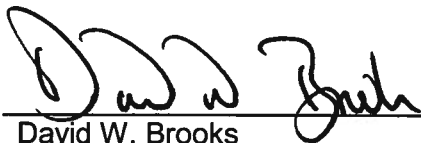
Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: LifeShield National Insurance Co

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
LN-5350-AR	62.7
LN-5351-AR	57.0
LN-5352	53.5
LN-5353	63.5
LN-5354	56.4
LN-5355	54.2
LN-5356-AR	62.7
LN-5357-AR	62.1
LN-5358	61.9
LN-5360	55.3



David W. Brooks
Vice President

August 25, 2011

Date

LifeSheild National Insurance Company
Memorandum of Variable Material for
Forms LN-5350, LN-5351, LN-5352, LN-5353, LN-5354, LN-5355, LN-5356, LN-5357, LN-5358,
and LN-5360

August 30, 2011

Individual Accident Policy, Form LN-5350: The following is an explanation of the variable material in the Policy. All information which is variable is bracketed.

Page No.	Bracketed Item	Explanation of Variable Material
Page 1	Company address and phone number	Bracketed to allow change if Company moves or phone number changes.
Page 3	Company address and phone number	Bracketed to allow change if Company moves or phone number changes.
Page 3	APPLICANT	John Doe Information
Page 3	SPOUSE and CHILDREN	Name of Spouse and/or Child(ren) will show if are covered
	APPLICANT'S COVERAGES	
Page 3	Accident Expense Deductible	Will show \$0, \$100, \$150 or \$200, as elected by applicant.
Page 3	Accident Expense Maximum Benefit	Benefit amounts will vary based on amount elected.
Page 3	Hospital Admission	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 3	Hospital Daily Room Benefit Elimination Period Maximum Benefit Period	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Elimination Period will be 0,1 or 2 days, as elected on application Maximum Benefit Period will be 30 or 60 days as elected on application.
Page 3	Outpatient Surgery	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 3	Cancer First Occurrence Benefit Waiting Period	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 3	Heart Attack & Stroke First Occurrence Benefit First Major Heart Surgery Benefit Initial Coronary Angioplasty Waiting Period	Benefits will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 3	Critical Illness First Occurrence Benefit First Major Heart Surgery Benefit Initial Coronary Angioplasty Waiting Period	Benefits will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 3	Accidental Death & Dismemberment Benefit Loss of life Loss of both hands or both feet, sight of both eyes or one hand & one foot Loss of one hand or one foot or sight of one eye	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 3	SPOUSE COVERAGES	Entire section will appear or not appear depending upon whether or not spouse coverage is elected.

Page 3	Accident Expense Deductible	Will show \$0, \$100, \$150 or \$200, as elected by applicant.
Page 3	Accident Expense Maximum Benefit	Benefit amounts will vary based on amount elected.
Page 3	Hospital Admission	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 3	Hospital Daily Room Benefit Elimination Period Maximum Benefit Period	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Elimination Period will be 0,1 or 2 days, as elected on application Maximum Benefit Period will be 30 or 60 days as elected on application.
Page 3	Outpatient Surgery	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 3	Cancer First Occurrence Benefit Waiting Period	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 3	Heart Attack & Stroke First Occurrence Benefit First Major Heart Surgery Benefit Initial Coronary Angioplasty Waiting Period	Benefits will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 3	Critical Illness First Occurrence Benefit First Major Heart Surgery Benefit Initial Coronary Angioplasty Waiting Period	Benefits will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 3	Accidental Death & Dismemberment Benefit Loss of life Loss of both hands or both feet, sight of both eyes or one hand & one foot Loss of one hand or one foot or sight of one eye	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 4	CHILDREN'S COVERAGES	Entire section will appear or not appear depending upon whether or not children's coverage is elected.
Page 4	Accident Expense Deductible	Will show \$0, \$100, \$150 or \$200, as elected by applicant.
Page 4	Accident Expense Maximum Benefit	Benefit amounts will vary based on amount elected.
Page 4	Hospital Admission	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 4	Hospital Daily Room Benefit Elimination Period Maximum Benefit Period	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Elimination Period will be 0,1 or 2 days, as elected on application Maximum Benefit Period will be 30 or 60 days as elected on application.
Page 4	Outpatient Surgery	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 4	Cancer First Occurrence Benefit Waiting Period	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 4	Heart Attack & Stroke First Occurrence Benefit First Major Heart Surgery Benefit	Benefits will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.

	Initial Coronary Angioplasty Waiting Period	Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 4	Critical Illness First Occurrence Benefit First Major Heart Surgery Benefit Initial Coronary Angioplasty Waiting Period	Benefits will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected. Waiting Period will be fixed at issue and will not be greater than allowed by law.
Page 4	Accidental Death & Dismemberment Benefit Loss of life Loss of both hands or both feet, sight of both eyes or one hand & one foot Loss of one hand or one foot or sight of one eye	Benefit will show or not show, depending upon whether rider was purchased. Benefit amounts will vary based on amount elected.
Page 4	ANNUAL PREMIUM	Premium amount for policy, riders and total premium is John Doe information. Entries for riders will show or be removed depending upon whether or not riders are elected.
Page 4	MODAL PREMIUM Payment	Amount is John Doe Information
Page 4	MODAL PREMIUM Mode Selected	Will show Annual, Semi-Annual, Quarterly or Monthly, as elected by applicant.
Page 4	INSURED, POLICY NUMBER, EFFECTIVE DATE, SEX	John Doe information
Page 4	ISSUE AGE	John Doe issue age will show between ages 0-64.
Page 4	ISSUE STATE	Will show state of issue.
Page 6	Written request	Reference to "Duncan, Oklahoma" may change if company address changes.
Page 11	Company address and phone number	Bracketed to allow change if Company moves or phone number changes.

Outline of Coverage, Form LN-5351: The following is an explanation of the variable material in the Outline of Coverage. All information which is variable is bracketed.

Page 1	Company address	Bracketed to allow change if Company moves.
Pages 3-7	Section VI, Optional Riders	Sections for riders will appear as written or be omitted depending upon what riders were elected on application.
Page 7	Section VII, Premiums	Premium amount for policy, riders and total premium is John Doe information. Entries for riders will show or be removed depending upon whether or not riders are elected.

Application, Form LN-5352: The following is an explanation of the variable material in the Application. All information which is variable is bracketed.

Page 1	Company address and phone number	Bracketed to allow change if Company moves or phone number changes.
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Rider, Form LN-5353, LN-5354, LN-5355, LN-5356, LN-5357, LN-5358, LN-5360: The following is an explanation of the variable material in the Riders. All information which is variable is bracketed.

Page 1	Company address and phone number	Bracketed to allow change if Company moves or phone number changes.
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<i>SERFF Tracking Number:</i>	<i>FRCS-127614688</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeShield National Insurance Co</i>	<i>State Tracking Number:</i>	<i>49753</i>
<i>Company Tracking Number:</i>	<i>5576</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Expense Policy LN-5350</i>		
<i>Project Name/Number:</i>	<i>LifeShield/62/62</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/08/2011	Form	Accidental Expense Insurance Policy	10/06/2011	LN-5350-AR Policy.pdf (Superceded)

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]

Toll Free: [1-800-366-8354]

ACCIDENTAL EXPENSE INSURANCE POLICY

THIS IS A LIMITED POLICY - READ IT CAREFULLY

THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS DUE TO SICKNESS.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from the Company.

GUARANTEED RENEWABLE

You have the right to continue this policy in force if You pay the correct premium when due or within the grace period. At no time while You continue this policy in force may We place any restrictive riders on it.

PREMIUM RATES SUBJECT TO CHANGE BY CLASS

We may change the premium rates for this policy only if We also change the rates for all other policies issued in the same class. No change in premiums will be made because of the number of claims You file nor because of a change in Your health.

NOTICE OF THIRTY DAY (30) RIGHT TO EXAMINE POLICY

We want You to fully understand and be satisfied with Your policy. If for any reason You are not satisfied, return it to Our Administrative Office within thirty (30) days after receiving it. If You do, the policy will be void from the beginning. We will refund Your premium.

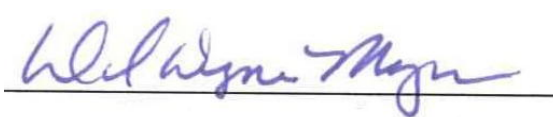
IMPORTANT NOTICE - PLEASE READ

A copy of Your application is attached to this policy. The application is part of the policy. The policy was issued on the basis that the answers to all questions and information shown on Your application are correct and complete to the best of Your knowledge and belief. Carefully check the application and write to Us within 10 days of the date You receive the policy if any information on the application is not correct or complete. Materially incorrect or incomplete information may result in the denial of a claim or termination of the policy. No sales representative may change this policy or waive any of its provisions.

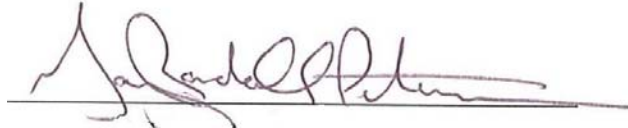
IN WITNESS THEREOF, We have caused this policy to be signed by Our President and Our Secretary. This policy takes effect at 12:01 a.m. at Your residence on the Effective Date. This policy terminates at 12:01 a.m. on the date any renewal premium is due and not paid, subject to the Grace Period.

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL [1-800-366-8354]

If you need information about your insurance, or should any dispute arise about your premium or about a claim that you have filed, call LifeShield National Insurance Company at the toll-free number listed above or contact the Arkansas Insurance Department, 1200 West Third Street, Little Rock, AR 72201 or toll-free at 1-800-282-9134.



Secretary



President

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.
PLEASE READ YOUR POLICY CAREFULLY.**

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LifeShield National Insurance Co[®]
[815 West Ash Ave., Duncan, OK 73533]
Toll Free: [1-800-366-8354]

INSURANCE INFORMATION SCHEDULE

Coverage under this policy is provided for the following persons in addition to the Insured named below:

[John L. Doe]
[SPOUSE]

APPLICANT
[CHILD(REN)]

APPLICANT'S COVERAGES

MAXIMUM BENEFIT AMOUNT

Accidental Expense Benefit	[\$ xxx] / Calendar Year
Annual Deductible - [\$ 0] / Calendar Year	
[Hospital Admission	[\$ xxx] / Calendar Year]
[Hospital Daily Room Benefit	[\$ xxx] / Day]
[Elimination Period - [0] Days]	
[Maximum Benefit Period - [30] days]	
[Outpatient Surgery]	[\$ xxx / Calendar Year]
[Cancer First Occurrence Benefit	[\$ xxx]]
[Waiting Period - 60 Days]	
[Heart Attack & Stroke First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Critical Illness First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Accidental Death & Dismemberment Benefit]	
[Loss of life	[\$1,000]]
[Loss of both hands or both feet, sight of both eyes	
or one hand & one foot	[\$500]]
[Loss of one hand or one foot or sight of one eye	[\$250]]

[SPOUSE'S COVERAGES

MAXIMUM BENEFIT AMOUNT]

Accidental Expense Benefit	[\$ xxx] / Calendar Year
Annual Deductible - [\$ 0] / Calendar Year	
[Hospital Admission	[\$ xxx] / Calendar Year]
[Hospital Daily Room Benefit	[\$ xxx] / Day]
[Elimination Period - [0] Days]	
[Maximum Benefit Period - [30] days]	
[Outpatient Surgery]	[\$ xxx / Calendar Year]
[Cancer First Occurrence Benefit	[\$ xxx]]
[Waiting Period - 60 Days]	
[Heart Attack & Stroke First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Critical Illness First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]
[Initial Coronary Angioplasty	[\$ xxx]
[Waiting Period - 60 Days]	
[Accidental Death & Dismemberment Benefit]	
[Loss of life	[\$1,000]]
[Loss of both hands or both feet, sight of both eyes	
or one hand & one foot	[\$500]]
[Loss of one hand or one foot or sight of one eye	[\$250]]

[CHILD(REN)]'S COVERAGES

MAXIMUM BENEFIT AMOUNT]

Accidental Expense Benefit	[\$ xxx] / Calendar Year
Annual Deductible - [\$ 0] / Calendar Year	
[Hospital Admission	[\$ xxx] / Calendar Year]
[Hospital Daily Room Benefit	[\$ xxx] / Day]
[Elimination Period - [0] Days]	
[Maximum Benefit Period - [30] days]	
[Outpatient Surgery]	[\$ xxx / Calendar Year]
[Cancer First Occurrence Benefit	[\$ xxx]]
[Waiting Period - 60 Days]	
[Heart Attack & Stroke First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]]
[Initial Coronary Angioplasty	[\$ xxx]]
[Waiting Period - 60 Days]	
[Critical Illness First Occurrence Benefit	[\$ xxx]]
[First Major Heart Surgery Benefit	[\$ xxx]]
[Initial Coronary Angioplasty	[\$ xxx]]
[Waiting Period - 60 Days]	
[Accidental Death & Dismemberment Benefit]	
[Loss of life	[\$1,000]]
[Loss of both hands or both feet, sight of both eyes	
or one hand & one foot	[\$500]]
[Loss of one hand or one foot or sight of one eye	[\$250]]

ANNUAL PREMIUM

Accidental Expense Policy	[\$ xxx]
[Hospital Admission Rider	[\$ xxx]]
[Hospital Daily Room Benefit Rider	[\$ xxx]]
[Outpatient Surgery Rider	[\$ xxx]]
[Critical Illness First Occurrence Benefit Rider	[\$ xxx]]
[Heart Attack & Stroke First Occurrence Benefit Rider	[\$ xxx]]
[Cancer First Occurrence Benefit Rider	[\$ xxx]]
[Accidental Death & Dismemberment Benefit Rider	[\$ xxx]]

Total Annual Premium [\$ xxx]

MODAL PREMIUM

PAYMENT MODE:	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
PAYMENT:	[\$ xxx]	[\$ xxx]	[\$ xxx]	[\$ xx]
MODE SELECTED:	[Annual]			
INSURED:	[John Doe]		POLICY NUMBER:	[012345]
ISSUE AGE	[35]		EFFECTIVE DATE:	[6/01/2005]
SEX	[MALE]		ISSUE STATE:	[OHIO]

DEFINITIONS

These are key words used in this policy. They are used to describe Your rights and Ours. As You read Your policy refer to these definitions.

Age means age last birthday.

Covered Accident means an accident which:

1. occurs after the Effective Date of this policy;
2. occurs while this policy is in force, and
3. is not excluded by specific description in this policy.

Covered Expenses means expenses for Physician, Hospital, diagnostic x-ray or lab tests required for the treatment of a covered Accident. Prescription drugs are not covered expenses.

Covered Person means You and Your Insured Dependents, if any, that have been accepted for coverage.

Deductible means the amount of Covered Expenses each Covered Person must pay each calendar year before We pay Accident Expense Benefits.

Dependent means any of the following persons:

1. Your lawful spouse; and
2. any unmarried child, stepchild or legally adopted child of Yours who is living with you, dependent upon you for financial support, and who has not attained the age of nineteen (19) (twenty-three (23) if a full time student at an accredited school of higher learning), and is:
 - a. under nineteen (19) years of age on the date of application; or
 - b. born after the date of application and You are listed as a parent on the child's birth certificate; or
 - c. legally adopted by You or who becomes Your stepchild before that child's nineteenth (19th) birthday.

If You become a legal guardian of a child for whom a petition for adoption is pending, that child will be deemed to be "adopted". Also, if You become a legal guardian of a foster child, that child will be treated as an adopted child so long as:

1. You continue as the child's legal guardian;
2. the child is living with You and is dependent upon You for support; and
3. all other requirements of the policy are met.

Effective Date means the date on which a Covered Person's insurance begins. The Effective Date of your coverage is shown on the Insurance Information Schedule.

Evidence of Insurability means correct and complete answers to the questions in the application and any necessary medical history that are used by Us to base Our acceptance of a person for coverage.

Hospital means an institution that:

1. operates as a Hospital pursuant to law;
2. operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
3. provides 24-hour nursing service by Registered Nurses on duty or on call;
4. has a staff of one or more Physicians available at all times;
5. provides organized facilities for diagnosis, treatment and surgery, either;
 - a. on its premises; or
 - b. in facilities available to it on a pre-arranged basis.

Hospital does NOT include the following;

1. convalescent homes or convalescent, rest or nursing facilities;
2. facilities primarily affording custodial, educational or rehabilitative care; or
3. facilities for the aged, drug addicts or alcoholics.

Immediate Family Member means You and Your spouse or the parent, child, brother or sister of You or Your spouse.

Injury means bodily injury sustained by a Covered Person in a Covered Accident which:

1. is directly caused by an accident, independent of all other causes; and
2. occurs while the policy is in force for the Covered Person.

Insured is the person so named in the Insurance Information Schedule.

Physician means a practitioner of the healing arts practicing within the scope of his or her license. Physician may not include an Immediate Family Member.

Policy Anniversary means the same day and month as the Effective Date shown in the Insurance Information Schedule for each year this policy remains in force.

Written Request means a written request in a form satisfactory to Us signed by You and received at Our Administrative Office in [Duncan, Oklahoma].

“We”, “Us”, or “Our” refer to LifeShield National Insurance Co.

“You” or “Your” refer to the Insured to whom this policy has been issued.

ACCIDENT EXPENSE BENEFIT

If a Covered Person sustains an Injury in a Covered Accident that requires care by a Physician, We will pay the covered expenses incurred not to exceed the Maximum Accident Expense Benefit Amount after the applicable Deductible, if any. Treatment must be rendered in either a Hospital emergency room or in a Physician's office. Care for an Injury received in a Covered Accident must be received within ninety (90) days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit Amount after the applicable Deductible, if any, per calendar year per Covered Person regardless of the number of incidents of care received or the number of different injuries received in the calendar year.

We will not pay the Accident Expense Benefit for any Injury as a result of a Covered Person having any Sickness or declining process caused by a Sickness, including physical or mental infirmity. We also will not pay this benefit to diagnose or treat any Sickness.

EXCLUSIONS AND LIMITATIONS

We will not cover benefits for an injury that is caused or occurs as a result of:

1. War or act of war, whether declared or undeclared;
2. Injuries that are intentionally self-inflicted;
3. Treatment for which no charges are made by the provider of same;
4. An Injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity;
5. A Covered Person's being intoxicated, as determined and defined by the laws of the geographical area in which the loss or cause of loss was incurred, or under the influence of any narcotic unless administered under the advice of a Physician;
6. Treatment of alcoholism or drug addiction;
7. Any Injury or Sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law;
8. Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven;
9. Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning;
10. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or
12. Committing or trying to commit suicide, whether sane or insane, (only while sane in Missouri).
13. Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any disease or disorder that is not caused by an Injury.
14. Being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and Virgin Islands.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

At The Time The Policy Is Issued

Before coverage becomes effective: (1) You must apply; (2) We must approve Your application; and (3) You must pay the required premium. If no premium is required when You apply, You have 30 days from the Policy Effective Date to pay the first premium. If You fail to do so, Your policy will be void from the beginning.

You and each of Your eligible Dependents must be acceptable to Us based on Our underwriting rules in effect at the time of application in order to become a Covered Person. The Effective Date of insurance for each such person will be the Policy Effective Date.

After The Policy Has Been Issued

Eligible Dependents not covered under the policy when the policy was issued may be added later. You must complete a new application for each such Dependent. The Effective Date of insurance for the added Covered Person will be the later of the date on which We approve the application or the date on which we receive any additional premium required. Approval will be based on Our underwriting rules in effect at time of application.

Coverage of Newborn or Adopted Child

A Dependent child born to You while this coverage is in force is covered from the moment of birth, including conditions due to congenital malformation. A notice of birth together with the additional premium must be submitted to Us. This must be done within 90 days after the date of birth.

A child adopted on or after Your Effective Date will be covered from the date of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition for adoption. However, the coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the child. Coverage for an adopted child shall terminate upon the dismissal or denial of a petition for adoption.

TERMINATION OF COVERAGE

Termination of Your Coverage

Your insurance will end:

1. if You fail to pay the required premium within its grace period; or
2. On your written request.

Termination of a Dependent's Insurance

Insurance on Your insured Dependents will end on the first of the following events:

1. the date Your coverage ends;
2. when the required premium for the Dependent has not been paid; or
3. when he or she no longer meets the tests set out in the definition of Dependent, except as set out in the next paragraph.

Insurance on a Covered Person who reaches the limiting age for a Dependent child will not end if the child:

1. is not then able to engage in self-sustaining employment by reason of mental retardation or physical handicap; and
2. is dependent upon You for financial support and maintenance.

The child will continue as a Covered Person so long as he or she continues to meet these tests and You continue to be insured. The child will be deemed to have ceased to qualify as a Covered Person if:

1. We ask You for proof of his or her current status; and
2. You fail to give Us proof after the date of our request.

We may ask You to give Us proof of the child's status as often as We deem reasonably necessary. We will not ask You to give Us proof more frequently than once a year after the child's coverage has been extended for two (2) years beyond the limiting age.

You will be liable for payment of the premium required to continue coverage of a mentally retarded or physically handicapped Dependent child whose coverage extends beyond the limiting age.

Extension of Coverage If You Die

If You die, Your spouse will replace You as the Insured if he or she is a Covered Person at that time. Otherwise, coverage will end for all Covered Persons upon Your death. A child may convert his or her coverage as set forth in the Conversion Privileges.

Adjustment of Premium

If coverage ends for You or one of Your insured Dependents, premiums will be adjusted accordingly.

If We accept a premium for a period of time after coverage is to cease, then coverage will continue to the end of the period for which premiums have been paid.

Pending Claims

If coverage ends for any or all Covered Persons, it will not affect any pending claim.

A pending claim will include only those periods of confinement that began or losses that were incurred prior to the date coverage ends.

CONVERSION PRIVILEGES

Conversion of a Divorced Spouse's Coverage

If Your spouse ceases to be a Covered Person because You become legally divorced, Your spouse may become an Insured under his or her own policy. The spouse may insure one or more of Your Dependent children under his or her own policy. Evidence of Insurability will not be required. Issue of a new policy will be subject to these rules:

1. An application and the first premium must be received by Us within sixty (60) days after the divorce has been granted.
2. The premium for the new policy will be based on the spouse's Age and Our published rates applicable on the Effective Date of the new policy.
3. The new policy will not provide benefits greater than those provided under Your policy. The converted coverage will be as provided on a substantially similar or comparable policy form then being issued by Us.
4. The Effective Date of the new policy will be the date coverage ends under Your policy.
5. A child who becomes a Covered Person under the new policy will cease to be covered under Your policy on the Effective Date of the new policy.
6. Any special provisions that apply to a Covered Person under Your policy will also apply under the new policy.

Conversion of a Child's Coverage

If a child's coverage under Your policy ends because he or she no longer meets the tests set out in the definition of Dependent, the child may become an Insured under his or her own policy. Evidence of Insurability will not be required. Issue of a new policy will be subject to these rules:

1. An application and the first premium must be received by Us within thirty-one (31) days after the child ceases to be a Covered Person.
2. The premium for the new policy will be based on the child's Age and our published rates applicable on the Effective Date of the new policy.
3. The new policy will not provide benefits greater than those provided under Your policy. The converted coverage will be as provided on a substantially similar or comparable policy form then being issued by Us.
4. The Effective Date of the new policy will be the date coverage ends under Your policy.
5. Any special provisions that apply to the child under Your policy will also apply under the new policy.

THE CONTRACT

Entire Contract

Whenever We use the word Policy, We mean the entire contract. The entire contract consists of:

1. The basic policy, including the Insurance Information Schedule;
2. The attached copy of the application; and
3. Any attached riders or endorsements.

Riders and endorsements add provisions or change the terms of the basic policy.

Any change to this policy must be attached in writing and signed by one of Our executive officers. No agent or anyone else can change this policy or waive any of its provisions.

Time Limit on Certain Defenses

After two (2) years from the Effective Date of coverage, no misstatements, except for fraudulent misstatements, made by You in the application for coverage will be used to void the policy or to deny a claim for loss commencing after the end of this two (2) year period.

No claim for loss that begins after two (2) years from the Effective Date of coverage will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of coverage under this policy.

Conformity With State Laws

Any part of this policy in conflict with any law of the state where You live on the policy's Effective Date is amended to conform to that law.

Nonparticipation

This policy is nonparticipating. Its premiums do not include a charge for participation in Our surplus.

PREMIUMS

Premiums To Be Charged

The premiums to be charged for insurance under this policy will be based on Our rates in effect on the premium due date for policies issued on this form.

Premium Payments

Each premium is payable to Us at Our Administrative Office in Duncan, Oklahoma on or before its due date. The due date is the first day following the end of the period for which the preceding premium was paid. You may change the modal premium period for this policy to one of the other modal premium periods shown on the Insurance Information Schedule by Written Request to Us.

Grace Period

This policy has a thirty-one (31) day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following grace period. During the grace period, the policy will stay in force.

Reinstatement

If You do not pay a premium by the end of its grace period all insurance under this policy will lapse. The policy may be reinstated. We may require an application to reinstate Your policy. You must also pay the required premium to Us.

1. If an application is not required by Us, Your insurance will be reinstated when the premium is accepted.
2. If We require an application for reinstatement, a receipt will be issued to You for the premium. Your policy will be reinstated when the application is approved by Us. If the application is disapproved by Us, Your policy will not be reinstated. If the application is neither disapproved in writing nor approved, Your policy will be deemed reinstated forty-five (45) days after the date of the premium receipt.

Premiums accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than sixty (60) days before the date of reinstatement.

The reinstated insurance will only cover loss due to an Injury received in a Covered Accident that occurs after the date the policy was reinstated. If We require any change in Your policy in connection with reinstatement, such change will be sent to You to attach to the policy. In all other respects, You and We will be in the same position as before Your policy lapsed.

Misstatement of Age

If a Covered Person's Age has been misstated, all benefits payable under this policy will be adjusted to those that the premium paid would have purchased at the correct Age. If the correct Age is such that We would not have issued this policy or an attached rider or riders, We will be liable only for a refund of premiums paid for the coverage(s) involved.

CLAIMS

Notice Of Claim

We must receive written notice of claim at Our Administrative Office. It must be given within sixty (60) days of the date the claim commences or as soon thereafter as reasonably possible. Your notice should include Your name and the policy number.

Claim Forms

We will provide You with claim forms within fifteen (15) days after We receive Your notice of claim. If We do not provide these forms within this time, a claim may be filed without using them. The claim must contain written proof of loss. It must cover the occurrence, type and extent of loss. It must be provided within the time allowed in the following provision.

Proof Of Loss

Written proof of loss must be provided to Our Administrative Office within ninety (90) days of the loss or as soon thereafter as reasonably possible. Proof provided more than one (1) year late will not be accepted, unless You had no legal capacity in that year.

Time Of Payment of Claims

Benefits payable will be paid as soon as We receive proper proof of loss, including any records that may be required in Our evaluation of a claim.

Payment Of Claims

All benefits are payable to You, unless assignment to Your physician or Hospital. Benefits unpaid at Your death will be paid to Your spouse. If You have no spouse, they will be paid to Your estate.

If benefits are payable to Your estate or to a person not legally competent to give a valid release, We may pay an amount not to exceed one thousand dollars (\$1,000.00) of these benefits to any relative by blood or marriage whom We determine is entitled to payment. Such payment will satisfy Our liability to the extent of the payment.

Assignment

You may assign benefits under this policy to Your Physician or Hospital. The assignment must be in writing and filed with us. We assume no responsibility for the validity or effect of any assignment of this policy or any interest in it.

Unpaid Premiums

We will deduct any due and unpaid premium from any claim payment under the policy.

Physical Examination

We have the right to have a physical examination performed on a Covered Person as often as is reasonably necessary while a claim is pending. Such examinations will be made at Our expense.

Right to Examine Hospital or Physician Records

We may, at Our expense, examine a Covered Person's Hospital charts and records and Physician records as often as is reasonably necessary while a claim is pending.

Legal Actions

No action at law or in equity may be brought on a claim sooner than 60 days after the date written proof of loss is given. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

LifeShield National Insurance Co[®]

[815 West Ash Ave., Duncan, OK 73533]

Toll Free: [1-800-366-8354]

ACCIDENTAL EXPENSE INSURANCE POLICY